

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90033 025 \*\*\*150.00

DOCUMENT # P01000108846  
 1. Entity Name  
 SHINALL TRUCKING, INC.



Principal Place of Business      Mailing Address  
 123 HIDDEN LAKE TRAIL      123 HIDDEN LAKE TRAIL  
 HAWTHORNE, FL 32640      HAWTHORNE, FL 32640

40001609

**DO NOT WRITE IN THIS SPACE**



01102005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3754895	Applied For Not Applicable
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5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SHINALL, ROLANDA  
 123 HIDDEN LAKE TRAIL  
 HAWTHORNE, FL 32640

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHINALL, FRANK 123 HIDDEN LAKE TRAIL HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHINALL, ROLANDA 123 HIDDEN LAKE TRAIL HAWTHORNE, FL 32640
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rolanda G. Shinall (Rolanda G. Shinall)    1-13-05    352-546-1033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #