## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000088659

Entity Name: ASHLEY TRUCKING, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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246 ADAMS AVE 3249 FISHER LANE LAKE PLACID, FL 33852 LAKE WALES, FL 33853

Current Mailing Address: New Mailing Address:

951 US HIGHWAY #1 SOUTH P.O. BOX 363

ROCKINGHAM, NC 28379 LAKE PLACID, FL 33862

FEI Number: 59-3540714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUGGS, LUKE SUGGS, LUKE 720 RIVIERA DRIVE P.O. BOX 363

LAKE PLACID, FL 33852 US LAKE PLACID, FL 33862 US

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.

SIGNATURE: 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 SUGGS, LUKE
 Name:
 SUGGS, LUKE

 Address:
 720 RIVIERA DR
 Address:
 P.O. BOX 363

City-St-Zip: LAKE PLACID, FL City-St-Zip: LAKE PLACID, FL 33862

Title: VPST ( ) Delete Title: VPST (X) Change ( ) Addition

 Name:
 SUGGS, CHERYL
 Name:
 SUGGS, CHERYL

 Address:
 720 RIVIERA DR
 Address:
 P.O. BOX 363

 City-St-Zip:
 LAKE PLACID, FL
 City-St-Zip:
 LAKE PLACID, FL
 33862

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

 Name:
 Name:
 GODWIN, ASHLEY N

 Address:
 Address:
 3249 FISHER LANE

 City-St-Zip:
 City-St-Zip:
 LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL SUGGS VPST 04/29/2005