


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90002 019 ***158.75

DOCUMENT # S50546

1. Entity Name
S & B TRUCKING ENTERPRISES, INC.



Principal Place of Business
7185 W WILLOW
PEORIA, AZ 85381 US

Mailing Address
P.O. BOX 5968
PEORIA, AZ 85385 US

54025782



2. Principal Place of Business
26212 STATE Rd 247
 Suite, Apt. #, etc.

3. Mailing Address
26212 STATE Rd 247
 Suite, Apt. #, etc.

02272004 Chg-P CR2E034 (10/03)

City & State
BRANFORD, FL

City & State
BRANFORD FL

Zip
32008

Country
SUWANNEE

Zip
32008

Country
SUWANNEE

4. FEI Number
59-3064389

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEIR, KENETH L
10601-32 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name
FISCHER, JAMES D.

Street Address (P.O. Box Number is Not Acceptable)
10601-210 SAN JOSE BLVD

City
JACKSONVILLE

FL Zip Code
32257

B. 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: *[Signature]* DATE: **3/15/04**

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUMMINS, ROBERT E, JR	
STREET ADDRESS	7185 W WILLOW	
CITY-ST-ZIP	PEORIA, AZ 85381	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CUMMINS, SANDRA L.	
STREET ADDRESS	7185 W WILLOW	
CITY-ST-ZIP	PEORIA, AZ 85381	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	CHANGE ADDRESS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a) other like empowered.

SIGNATURE: *[Signature]* DATE: **3/31/04** DAYTIME PHONE #: **6026256261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR