


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 299854 1. Entity Name NORMAN'S TRUCK BROKERAGE, INC. |  |
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| Principal Place of Business HIGHWAY 27 NORTH P.O. BOX 1385 HAINES CITY, FL 33845-1385 | Mailing Address HIGHWAY 27 NORTH P.O. BOX 1385 HAINES CITY, FL 33845-1385 |
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1108726 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DISMUKE, RUTH T. 807 ALTA VISTA DRIVE HAINES CITY, FL 33844 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 00000157091 05/06/04-80012-025 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD DISMUKE, JOE TERYL 6279 HALABRIN ROAD HAINES CITY, F |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DISMUKE, RUTH T 807 ALTA VISTA DRIVE HAINES CITY, FL 33844 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD DISMUKE, GLENN N PO BOX 115 DUNCANVILLE, AL 35456 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ruth T. Dismuke Ruth T. Dismuke 4/29/04 863.422.2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #