


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 299854**  
 1. Entity Name  
**NORMAN'S TRUCK BROKERAGE, INC.**



Principal Place of Business <b>HIGHWAY 27 NORTH          P.O. BOX 1385          HAINES CITY, FL 33845-1385</b>	Mailing Address <b>HIGHWAY 27 NORTH          P.O. BOX 1385          HAINES CITY, FL 33845-1385</b>
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01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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**

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

**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	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	

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**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)(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: Ruth T. Dismuke Ruth T. Dismuke 1/25/05 863.422.2375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #