2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 374808

Title:

Name:

Address:

City-St-Zip:

Entity Name: MORGAN TRUCKING COMPANY, INC

FILED Jan 16, 2007 Secretary of State

Littly Nan	ie. MORGAN	TROCKING COMPANT, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
850 PRAIRIE INDUSTRIAL PKWY N MULBERRY, FL 33860				775 PRAIRIE INDUSTRIAL PKWY N MULBERRY, FL 33860		
Current Ma	ailing Addres	s:	New I	New Mailing Address:		
P.O. BOX 7 MULBERR	'95 Y, FL 33860					
FEI Number: 59-1325337 FEI Number Applied For () FEI		FEI Number Not	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MORGAN, JIMMY L PO BOX 795 MULBERRY, FL 33860 US			6058 \	MORGAN, JIMMY L 6058 WATERWOOD PATH BARTOW, FL 33810 US		
The above in the State	named entity s of Florida.	ubmits this statement for the p	urpose of chang	ing its registere	ed office or registered agent, or both,	
SIGNATURE:				01/16/2007		
Electronic Signature of Registered Agent					Date	
Election Carr	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MORGAN,JIMM PO BOX 795 MULBERRY, FL	•	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	V () GALAS, THOMA 5097 MEADOW MULBERRY, FL	OOD LANE	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () GALAS, DEBOR 5097 MEADOW MULBERRY, FL	OOD LANE	Title: Name: Address City-St-		(X) Change () Addition EBORAH DOWOOD LANE Y, FL 33860	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BONITA L MORGAN T 01/16/2007

() Delete

() Change (X) Addition

MORGAN, BONITA L

6339 TIMUCUANS DR.

LAKELAND, FL 33813