


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90145 015 ***150.00

DOCUMENT # 374808			
1. Entity Name MORGAN TRUCKING COMPANY, INC.			
Principal Place of Business 775 PRAIRIE INDUSTRIAL PKWY N MULBERRY, FL 33860		Mailing Address P.O. BOX 795 MULBERRY, FL 33860	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORGAN, JIMMY L 6058 WATERWOOD PATH BARTOW, FL 33810		Name: <i>[Signature]</i> Street Address (P.O. Box Member is Not Acceptable): City: _____ FL Zip Code: _____	
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: <i>[Signature]</i> PRESIDENT		DATE: 4-22-08	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JIMMY L	NAME	
STREET ADDRESS	PO BOX 795	STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAS, THOMAS	NAME	
STREET ADDRESS	5097 MEADOWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAS, DEBORAH	NAME	
STREET ADDRESS	5097 MEADOWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, BONITA L	NAME	
STREET ADDRESS	6339 TIMUCUANS DR.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i>		Date: 4-22-08 863-425-8807	
Signature and typed or printed name of signed officer or director		Date Daytime Phone #	