2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# 469198

Entity Name: GLEN BLACKBURN TRUCKING, INC.

Current Principal Place of Business:

4699 CHRISTENSEN RD.
P O BOX 12549
FT PIERCE, FL 349799549

New Principal Place of Business:

4699 CHRISTENSEN RD.
FT PIERCE, FL 34981

Current Mailing Address:

PO BOX 12549
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 59-1574663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLOYD, ROBERT M.
604 BOSTON AVE
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BLACKBURN, GLEN
Address: 4659 CHRISTENSEN RD.
City-St-Zip: FORT PIERCE, FL 34981

Title: PD ( ) Delete
Name: CARLTON, CARL JR
Address: 1201 CHARLOTTA ST
City-St-Zip: FORT PIERCE, FL 34982

Title: SD ( ) Delete
Name: CARLTON, LINDA B
Address: 1201 CHARLOTTA ST
City-St-Zip: FORT PIERCE, FL 34982

Title: TD ( ) Delete
Name: BLACKBURN, MABLE
Address: 4659 CHRISTENSEN RD.
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARLTON, CARL JR
Address: 1201 CHARLOTTA STREET
City-St-Zip: FORT PIERCE, FL 34982

Title: V (X) Change ( ) Addition
Name: SIGMON, GLENNA C
Address: 4795 CHRISTENSEN ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: SIGMON, GLENNA C
Address: 4795 CHRISTENSEN ROAD
City-St-Zip: FORT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GLENNA CARLTON SIGMON VSD 02/12/2004

Electronic Signature of Signing Officer or Director Date