


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90009 031 ***150.00

DOCUMENT # 567628 1. Entity Name BREEDEN TRUCKING, INC.	
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Principal Place of Business 9203 HOSFORD HWY QUINCY, FL 32351	Mailing Address 9203 HOSFORD HWY QUINCY, FL 32351
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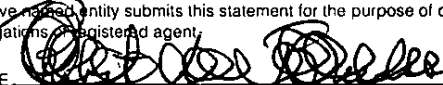


01092008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-1841134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BREEDEN, ROBERT L. 9203 HOSFORD HWY QUINCY, FL 32351
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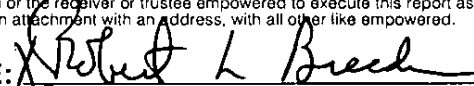
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	 (NOTE: Registered Agent signature required when reinstating)	 DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREEDEN, ROBERT L. RT. 4, BOX 166 QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BREEDEN, VIRGINIA A. RT. 4, BOX 166 QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert L Breeden	4-1-08 856 627359 Date Daytime Phone #