2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003553

Name:

Address: City-St-Zip: NEWTON, JEANNE

453 DAVID NEWTON RD.

NORMAN PARK, GA 31771

Entity Name: NEWTON FAMILY TRUCKING COMPANY

FILED Jan 11, 2005 Secretary of State

Littly Nai	ile. NEVV	TON FAMILE TRO	SKING COMPAINT				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
453 DAVID NEWTON RD. NORMAN PARK, GA 31771				328 DAVID NEWTON RD. NORMAN PARK, GA 31771			
Current Mailing Address:				New Maili	New Mailing Address:		
P.O. BOX 10356 TALLAHASSEE, FL 32302				328 DAVID NEWTON ROAD NORMAN PARK, GA 31771			
FEI Number:	58-2478377	FEI Number Ap	oplied For()	FEI Number Not Appl	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
in the State	GNECK RI SSEE, FL named ente of Florida	32312 US tity submits this sta	tement for the pur	pose of changing it	s registei	red office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent					 Date		
Election Car		ncing Trust Fund Con	· ·			Butt	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		()Delete LAURA A GNECK RD. SEE, FL 32312		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete FRANK NEWTON RD. PARK, GA 31771		Title: Name: Address: City-St-Zip:		(X) Change()Addition , FRANK D NEWTON RD. PARK, GA 31771	
Title:	s	() Delete		Title:	s	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

NEWTON, JEANNE

328 DAVID NEWTON RD.

NORMAN PARK, GA 31771

SIGNATURE: LAURA NEWTON CFO 01/11/2005