


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004504
 1. Entity Name
 BLACK WARRIOR TRUCKING & EQUIPMENT, INC.



Principal Place of Business Mailing Address
 7110 BLACK WARRIOR RD. 7110 BLACK WARRIOR RD.
 TUSCALOOSA, AL 35401 TUSCALOOSA, AL 35401

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1187095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BITTLE, RICHARD
 18735 3RD AVENUE
 CLERMONT, FL 34711

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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 Richard Bittle Richard Bittle DATE 2-27-2004
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000075048
 03/03/04-80043-021 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WHITE, MARK A 7110 BLACK WARRIOR RD. TUSCALOOSA, AL 35401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, LARONDA B 7110 BLACK WARRIOR RD. TUSCALOOSA, AL 35401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATTISON, GARY W 159 MARINER WAY DESTIN, FL 32550
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marn White Pres. Mark White Pres 205-752-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-27-04 Daytime Phone # _____