



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90163 006 \*\*\*150.00

<b>DOCUMENT # F06000001127</b> 1. Entity Name <b>TUMBLEWEED TRUCKING, INC.</b>																																																																																																																	
Principal Place of Business 3302 6TH AVE #2 HOLMES BEACH, FL 34217-2056			Mailing Address 3302 6TH AVE #2 HOLMES BEACH, FL 34217-2056																																																																																																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
6. Name and Address of Current Registered Agent  <b>SUTTLES, STACIE</b> <b>3302 6TH AVE #2</b> <b>HOLMES BEACH, FL 34217-2056</b>				7. Name and Address of New Registered Agent  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																																																																																																													
8. The above named entity submits this statement for the purpose of changing its registered office or re- the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature)</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">CPV</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SUTTLES, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3302 6TH AVE #2</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLMES BEACH, FL 342172056</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SUTTLES, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3302 6TH AVE #2</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLMES BEACH, FL 342172056</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	CPV	<input type="checkbox"/> Delete	NAME	SUTTLES, CHARLES		STREET ADDRESS	3302 6TH AVE #2		CITY-ST-ZIP	HOLMES BEACH, FL 342172056		TITLE	ST	<input type="checkbox"/> Delete	NAME	SUTTLES, CHARLES		STREET ADDRESS	3302 6TH AVE #2		CITY-ST-ZIP	HOLMES BEACH, FL 342172056		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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.																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 45%; text-align: right;"> <b>9/2/07 8132307486</b>  <small>Date Daytime Phone #</small> </div> </div>																																																																																																																	

6601430



03212007 Chg-P CR2E034 (12/06)

4. FEI Number **912 03 0610** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

*Please do  
not white-out  
this number -  
FEI is  
912030610*