

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F07511

1. Entity Name
BEDROCK TRUCKING, INC.



Principal Place of Business

**4001 NORALYN MINE RD
BARTOW, FL 33830 US**

Mailing Address

**C/O HARRY S. BEDFORD, III
P.O. BOX 264
BARTOW, FL 33831-0264 US**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2038772

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BEDFORD, HARRY S., III
4001 NORALYN MINE RD.
BARTOWN, FL 33830**

**DO NOT WRITE
IN THIS SPACE**

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. ☐ **\$5.00 May Be
Added to Fees**

**U000000808369
02/07/08-80046-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BEDFORD, RACHEL L
STREET ADDRESS	4105 SHEPHEARD RD
CITY-ST-ZIP	LAKELAND, FL
TITLE	DV
NAME	BEDFORD, HARRY S, JR
STREET ADDRESS	4105 SHEPHEARD RD
CITY-ST-ZIP	LAKELAND, FL
TITLE	DV
NAME	BEDFORD, SUSAN G
STREET ADDRESS	6830 POLEY CREEK DR E
CITY-ST-ZIP	LAKELAND, FL
TITLE	CPT
NAME	BEDFORD, HARRY S, III
STREET ADDRESS	6830 POLEY CREEK DR E
CITY-ST-ZIP	LAKELAND, FL

**DO NOT WRITE
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

President

1/22/08

Date

Daytime Phone #