

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F76808**

1. Entity Name  
**DUPONT TRUCKING, INC.**



Principal Place of Business  
**624 PAT THOMAS PARKWAY  
QUINCY, FL 32351 US**

Mailing Address  
**PO BOX 60  
QUINCY, FL 32353-0060 US**



01272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2254720**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DUPONT, JANEY B  
624 PAT THOMAS PARKWAY  
QUINCY, FL 32353-0060**

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	DUPONT-SAILOR, NATALIE J
STREET ADDRESS	3107 RACKLEY DR
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	VDM
NAME	DUPONT, NATHANIEL, JR.
STREET ADDRESS	820 MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	DP
NAME	DUPONT, JANEY B
STREET ADDRESS	624 PAT THOMAS PARKWAY
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000642085  
03/01/07-80025-019 8.75

U00000634451  
02/22/07-80010-023 150.00

U00000642085  
03/01/07-80025-020 150.00

**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**

**2/01/2007**

**Date**

**Daytime Phone #**