

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 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



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2254720

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876291
04/11/08 80068-002 158.75

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	

**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 filers empowered.

SIGNATURE:

Janey B. Sailor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2008 (850) 627-7283
Date Daytime Phone #