

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005956

FILED
Mar 29, 2007
Secretary of State

Entity Name: YUKON TRUCKING COMPANY, INC.

Current Principal Place of Business:

250 NORTH MAIN STREET
NEWPORT, NH 03773

New Principal Place of Business:

Current Mailing Address:

P O BOX 48
NEWPORT, NH 03773

New Mailing Address:

FEI Number: 02-0474075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DAVID
4650 JUSTINE WOOD RD.
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTDC () Delete
Name: SKARIN, CHRISTINE W
Address: 76 BOYLAND RD
City-St-Zip: NEWPORT, NH 03773

Title: VD () Delete
Name: WHIPPLE, LORRETTA
Address: 127 PINE STREET
City-St-Zip: NEWPORT, NH 03773

Title: D () Delete
Name: WHIPPLE, TOD
Address: 127 PINE STREET
City-St-Zip: NEWPORT, NH 03773

Title: D () Delete
Name: WHIPPLE, CARY L
Address: 127 PINE STREET
City-St-Zip: NEWPORT, NH 03773

Title: D () Delete
Name: WHIPPLE, CARY G
Address: 127 PINE STREET
City-St-Zip: NEWPORT, NH 03773

Title: S () Delete
Name: LORETTA, WHIPPLE
Address: 127 PINE STREET
City-St-Zip: NEWPORT, NH 03773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WHIPPLE, LORETTA
Address: 127 PINE STREET
City-St-Zip: NEWPORT, NH 03773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE W. SKARIN

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03/29/2007

Electronic Signature of Signing Officer or Director

Date