

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # H50384

1. Entity Name
K. C. TRUCKING, INC.



Principal Place of Business
**P.O. BOX 91302
LAKELAND, FL 33804-1302**

Mailing Address
**P.O. BOX 91302
LAKELAND, FL 33804-1302**



08302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2510488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BYWATER, JOSEPH G.
1828 SOUTH FLORIDA AVENUE
LAKELAND, FL.F, FL 33801**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, REX M.
STREET ADDRESS	13420 MOORE RD.
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	V
NAME	SMITH, CAROL L.
STREET ADDRESS	13420 MOORE RD.
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000378182
09/12/05-80002-003 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-05

DATE

863-698-0641

Daytime Phone #