2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # H88728

1. Entity Name
BOUTWELL TRUCK LINES, INC.

Principal Place of Business	Mailing Address
% BOBBY A. BOUTWELL 3525 HWY 4 WEST JAY, FL 32565 US	PO BOX 296 JAY, FL 32565 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2661121

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOBBY A. BOUTWELL
3525 HWY 4 WEST
HIGHWAY #4
JAY, FL 32565

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000382286
01/11/06-80089-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	BOUTWELL, BOBBY A.
STREET ADDRESS	3525 HWY 4 WEST
CITY-ST-ZIP	JAY, FL
TITLE	PD
NAME	BOUTWELL, BILLY R.
STREET ADDRESS	3600 GREENWOOD ROAD
CITY-ST-ZIP	JAY, FL
TITLE	DV
NAME	BOUTWELL, D. LAVON
STREET ADDRESS	12500 HWY 89
CITY-ST-ZIP	JAY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] Bobby A Boutwell 1-9-06 850 675-6419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #