


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H88728</b> 1. Entity Name <b>BOUTWELL TRUCK LINES, INC.</b>	
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Principal Place of Business <b>% BOBBY A. BOUTWELL 3525 HWY 4 WEST JAY, FL 32565 US</b>	Mailing Address <b>PO BOX 296 JAY, FL 32565 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2661121</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BOBBY A. BOUTWELL 3525 HWY 4 WEST HIGHWAY #4 JAY, FL 32565</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOUTWELL, BOBBY A. 3525 HWY 4 WEST JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUTWELL, BILLY R. 3600 GREENWOOD ROAD JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOUTWELL, D. LAVON 12500 HWY 89 JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/08/08-80028-012 150.00

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.

<b>SIGNATURE:</b> 	<b>Bobby A Boutwell</b>	<b>1-4-08</b>	<b>850 675-6419</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #