


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90049 005 ***150.00

DOCUMENT # K14385	
1. Entity Name PALM TRUCKING, INC.	

Principal Place of Business 13060 GLASGOW DRIVE LOXAHATCHEE FL 33470	Mailing Address 16030 GLASGOW DR. LOXAHATCHEE FL 33470 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 1198
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LOXAHATCHEE FL.
Zip	Country P.B.
Country	Zip 33470

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0032197		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FIORANTE, DONNA 16030 GLASGOW DR LOXAHATCHEE FL 33470		7. Name and Address of New Registered Agent Name Billy Gregory Street Address (P.O. Box Number is Not Acceptable) 16030 GLASGOW DR City LOXAHATCHEE FL Zip Code 33470

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 *Billy Gregory* **Billy Gregory** **4-3-07**
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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FIORANTE, DONNA 16030 GLASGOW DR LOXAHATCHEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. O Billy Gregory 16030 GLASGOW DR LOXAHATCHEE FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Billy Gregory* **Billy Gregory** **4-3-07** **561-308-5280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #