


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90007 050 ***158.75

DOCUMENT # K62150	
1. Entity Name HUNTINGTON TRUCKING SERVICE INC	

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54016101

2. Principal Place of Business 8630 GIBSON OAKS DR Suite, Apt. #, etc.		3. Mailing Address P.O. Box 91073 Suite, Apt. #, etc.	
City & State LAKELAND FL		City & State LAKELAND FL	
Zip 33809	Country POLK	Zip 33804	Country POLK

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DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2930193		Applied For Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name RICHARD HUNTINGTON		
Street Address (P.O. Box Number is Not Acceptable) 8630 GIBSON OAKS DR			
City LAKELAND			FL Zip Code 33809

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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

10. OFFICERS AND DIRECTORS			
TITLE PRES	NAME RICHARD HUNTINGTON	TITLE	
STREET ADDRESS 8630 GIBSON OAKS DR	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33809	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VPST	NAME CAROLYN HUNTINGTON	TITLE	
STREET ADDRESS 8630 GIBSON OAKS DR	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33809	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

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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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN HUNTINGTON	Date 3-4-04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)