2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # K62150

1. Entity Name
HUNTINGTON TRUCKING SERVICE INC.

Principal Place of Business	Mailing Address
8630 GIBSON OAKS DR LAKELAND, FL 33809	P.O. BOX 91073 LAKELAND, FL 33804-1073 US

DO NOT WRITE IN THIS SPACE

03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2930193

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTINGTON, RICHARD A
8630 GIVSON OAKS DRIVE
LAKELAND, FL 33809

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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 _____
Signature, & pad 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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUNTINGTON, RICHARD
STREET ADDRESS	8630 GIBSON OAKS DR
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	VPST
NAME	HUNTINGTON, CAROLYN
STREET ADDRESS	8630 GIBSON OAKS DRIVE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80016-020 158.75

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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: Carolyn J Huntington ST 4-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #