

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90004 006 ***158.75

DOCUMENT # K83951

1. Entity Name

MUSSETTER TRUCKING, INC.



Principal Place of Business

% MARY MUSSETTER
158 GARY AVE
OAK HILL FL 32759

Mailing Address

% MARY MUSSETTER
158 GARY AVE
OAK HILL FL 32759

2. Principal Place of Business

3. Mailing Address

2862 Pine Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mims, FL

Zip

Country

Zip

Country

32754

U.S.A.

4. FEI Number

59-2953480

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSSETTER, MARY
158 GARY AVE
OAK HILL FL 32759

Name

DAVID L. KEENE

Street Address (P.O. Box Number is Not Acceptable)

2862 Pine Ave.

City

mims

FL

Zip Code

32754

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 David L. Keene, David L. Keene President

2/16/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MUSSETTER, MARY
STREET ADDRESS 158 GARY AVE
CITY-ST-ZIP OAK HILL FL

TITLE President ☐ Change ☒ Addition
NAME Keene, David L.
STREET ADDRESS 2862 Pine Ave.
CITY-ST-ZIP mims FL 32754

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Keene, David L. Keene Pres.

2/16/04

Date

386-566-9577

321-385-1187

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR