

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90093 037 \*\*\*150.00

**DOCUMENT # K83951**

1. Entity Name

**MUSSETTER TRUCKING, INC.**



Principal Place of Business

% MARY MUSSETTER  
158 GARY AVE  
OAK HILL FL 32754

Mailing Address

2862 PINE AVE  
MIMS FL 32754

00028114



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2862 Pine Ave

Suite, Apt. #, etc.

3. Mailing Address

2862 Pine Ave

Suite, Apt. #, etc.

City & State

Mims, Florida

City & State

Mims FL

4. FEI Number

59-2953480

Applied For

Not Applicable

Zip

32754

Country

Brevard

Zip

32754

Country

Brevard

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEENE, DAVID L  
2862 PINE AVE  
MIMS FL 32754

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 - President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*March 15 2005*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

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

TITLE **P** ☐ Delete  
NAME **KEENE, DAVID L**  
STREET ADDRESS **2862 PINE AVE**  
CITY-ST-ZIP **MIMS FL 32754**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition  
NAME **CASEY A. KEENE**  
STREET ADDRESS **2862 PINE AVE**  
CITY-ST-ZIP **MIMS FL 32754**

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

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

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 15 2005 321-385-1187*

Date

Daytime Phone #