

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015709

Entity Name: DEEP N. TRUCKIN LLC

FILED  
May 11, 2007  
Secretary of State

## Current Principal Place of Business:

4614 SW 74TH LANE  
P.O. BOX 1027  
JASPER, FL 32052

## New Principal Place of Business:

4614 SW 74TH LANE  
JASPER, FL 32052

## Current Mailing Address:

4614 SW 74TH LANE  
P.O. BOX 1027  
JASPER, FL 32052

## New Mailing Address:

FEI Number: 31-1757592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PLANK, TAMMY R  
4614 SW 74TH LANE  
JASPER, FL 32052      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: PLANK, SR., DANNY J  
Address: 4614 SW 74TH LANE  
City-St-Zip: JASPER, FL 32052

Title: MGR      ( ) Delete  
Name: PLANK, TAMMY R  
Address: 4614 SW 74TH LANE  
City-St-Zip: JASPER, FL 32052

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TAMMY R PLANK

MGR

05/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date