## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2007 08:00 A Secretary of State DOCUMENT # L03556 1. Entity Namo TOUCHTON TRUCKING INC. Principal Place of Business Mailing Address 12822 193 RD 12822 193RD RD LIVE OAK FL 32060 LIVE OAK FL 32060 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2960468 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Dosirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOUCHTON, JANET E. Stroot Address (P.O. Box Number is Not Acceptable) 12822 193 RD LIVE OAK FL 32060 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition TOUCHTON, EUGENE F., SR NAME NAME 12822 193RD RD STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP CITY-ST-7tP SD ШЕ ☐ Delete THE ☐ Change ☐ Addition TOUCHTON, JANET E. NAME NAME U00000682446 04/05/07-80003-011 150.00 12822 193RD RD STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 CHY-ST-ZIP CITY-SI-7IP VP THIE ☐ Delete IIII Addition TOUCHTON, EUGENE F JR NAME NAME 12822 193RD RD STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 CITY-ST-7IP CITY - ST- ZIP HILLE Delete TITLE Change ☐ Addition TUVELL, KIMBERLY NAME NAME 10931 198TH TERRACE STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07

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FILED