2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000120954

1. Entity Name
TRIGGER TRUCKING, LLC



Principal Place of Business

10793 JOSH EZELL GRANDE PERRY, FL 32348 Mailing Address

10793 JOSH EZELL GRANDE PERRY, FL 32348



DO NOT WRITE IN THIS SPACE

04302007 No Chg-LLC

CR2E083 (11/05)

FILED

May 02, 2007 08:00 AM Secretary of State

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

HUNT, DENNIS P 10793 JOSH EZELL GRANDE PERRY, FL 32348

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	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, the obligations of registered agent.	I am familiar with, and accept
SI	GNATURE	

Filing Fee is \$50.00 Due by May 1, 2007 (NOTE: Registered Agent signature required when reinstating)

DATE

000000756707 05/23/07-80041-006 50.00

9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME HUNT, DENNIS P 10793 JOSH EZELL GRANDE STREET ADDRESS PERRY, FL 32348 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP tm £ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. 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 is true and accurate and that my 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:

CITY-ST-ZIP

Density PHONT

DESCRIPTION OF PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/1/07

850-843-0995

Daytime Phone #