


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90011 017 \*\*\*\*50.00

<b>DOCUMENT # L06000027514</b>	
1. Entity Name <b>MEEKS TRUCKING OF OCALA, LLC</b>	

Principal Place of Business <b>1105 NE 32ND PL OCALA FL 34479</b>	Mailing Address <b>1105 NE 32ND PL OCALA FL 34479</b>
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2. Principal Place of Business - No P.O. Box # <b>3132 NE JACKSONVILLE RD</b>	3. Mailing Address <b>3132 JACKSONVILLE RD.</b>
Suite, Apt. #, etc. <b>OCALA</b>	Suite, Apt. #, etc. <b></b>

2nd MOORE CR2E083 (4/07)

City & State <b>OCALA FLORIDA</b>	City & State <b>OCALA FLORIDA</b>
Zip <b>34479</b>	Country <b>MARION</b>

4. FEI Number <b>050526327</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MEEKS, DELMER 1105 NE 32ND PL OCALA FL 34479</b>	7. Name and Address of New Registered Agent Name <b>MEEKS DELMER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3132 NE JACKSONVILLE RD.</b> City <b>OCALA</b> FL Zip Code <b>34479</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEEKS, DELMER 1105 NE 32ND PL OCALA FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEEKS, DELMER 3132 NE JACKSONVILLE RD OCALA FLA 34479 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*July 18/07* 352-351 4715  
Daytime Phone #