

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

<b>DOCUMENT # L32857</b> 1. Entity Name <b>FARRIS TRUCKING, INC.</b>					
Principal Place of Business <b>C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440</b>			Mailing Address <b>C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL 32440</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maurice D. Moody 2320 Rogers Lane Cottondale FL 32431-1541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danny J. Spires 5218 Old US Rd Marianna FL 32446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FARRIS, JODY E 4622 HWY 273 GRACEVILLE, FL 32440		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dewey H. Whisenant 5445 Bailey St Graceville FL 32440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Billy Todd Caudill 1476 Crooms Road Cottondale FL 32431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert E Taylor 1232 S County Rd 59 Taylor, AL 36301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, YICKI L 429 WOLFEN ROAD SLOCOMB, AL 36375		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry T. Pearson 2460 Cile Lane Marianna FL 32446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/18/04 850-263-7927 <small>Date Daytime Phone #</small>		

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2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3011138</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL 32440</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	R FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Randy K. Brown PO Box 623 Malone FL 32445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FARRIS, JODY E 4622 HWY 273 GRACEVILLE, FL 32440		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/18/04 850-263-7927 <small>Date Daytime Phone #</small>		