

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 045 ***150.00

DOCUMENT # L32857

1. Entity Name
FARRIS TRUCKING, INC.



Principal Place of Business
**C/O HARRY FARRIS 4602 HWY 273
P.O. BOX 232
GRACEVILLE, FL 32440**

Mailing Address
**C/O HARRY FARRIS 4602 HWY 273
P.O. BOX 232
GRACEVILLE, FL 32440**

60033530



04302006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3011138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARRIS, HARRY
4602 HWY 273
GRACEVILLE, FL 32440**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	FARRIS, HARRY	
STREET ADDRESS	4602 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL	
TITLE	D	☐ Delete
NAME	FARRIS, LUCRETIA	
STREET ADDRESS	4602 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL	
TITLE	CEO	☒ Delete
NAME	FARRIS, JODY E	
STREET ADDRESS	4622 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	☐ Delete
NAME	WARD, KEVIN R	
STREET ADDRESS	1177 1ST AVE	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	☒ Delete
NAME	BODIE, JERRY R JR	
STREET ADDRESS	1050 HIGHWAY 171	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	AS	☐ Delete
NAME	JORDAN, VICKI L	
STREET ADDRESS	429 WOLFPEN ROAD	
CITY-ST-ZIP	SLOCOMB, AL 36375	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	☐ Change ☒ Addition
NAME	Donald Sargent	
STREET ADDRESS	20496 NB Bridge Ave	
CITY-ST-ZIP	Blountstown FL 32424	
TITLE	V	☐ Change ☒ Addition
NAME	Wayne Dufres	
STREET ADDRESS	1128 Bullock Road	
CITY-ST-ZIP	Chipley FL 32428	
TITLE	V	☐ Change ☒ Addition
NAME	Robert Dale Mickel	
STREET ADDRESS	5280 10th St.	
CITY-ST-ZIP	Malone FL 32443	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Shirley H. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06 Date 850-263-7927 Daytime Phone #

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

2006 Attachment Only

DOCUMENT # L32857			
1. Entity Name FARRIS TRUCKING, INC.		05 JUL 19 10:37 60033530 ATTACHMENT	
Principal Place of Business C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440		Mailing Address C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440	
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 FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL 32440		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: FARRIS, HARRY STREET ADDRESS: 4602 HWY 273 CITY-STATE-ZIP: GRACEVILLE, FL ☐ Delete		TITLE: V NAME: Kevin R Ward STREET ADDRESS: 1177 1st Ave CITY-STATE-ZIP: Graceville FL 32440 ☐ Change ☒ Addition	
TITLE: D NAME: FARRIS, LUCRETIA STREET ADDRESS: 4602 HWY 273 CITY-STATE-ZIP: GRACEVILLE, FL ☐ Delete		TITLE: V NAME: Jerry R Bodie Jr STREET ADDRESS: 1050 Hwy 171 CITY-STATE-ZIP: Graceville FL 32440 ☐ Change ☒ Addition DELETE	
TITLE: CEO NAME: FARRIS, JODY E STREET ADDRESS: 4822 HWY 273 CITY-STATE-ZIP: GRACEVILLE, FL 32440 ☐ Delete		TITLE: V NAME: Terry D Atkins STREET ADDRESS: 2990 Helen Lane CITY-STATE-ZIP: Cottondale FL 32431 ☐ Change ☒ Addition DELETE	
TITLE: V NAME: BRADLEY, TRACY A STREET ADDRESS: 1320 PEANUT ROAD CITY-STATE-ZIP: COTTONDALE, FL 32431 ☒ Delete		TITLE: V NAME: Robert L. Bradley STREET ADDRESS: 156 Durham Rd CITY-STATE-ZIP: Pensacola FL 32370 ☐ Change ☒ Addition DELETE	
TITLE: V NAME: BURKHEAD, GARY H JR STREET ADDRESS: 1689 MALCOLM TAYLOR RD CITY-STATE-ZIP: BONIFAY, FL 32425 ☒ Delete		TITLE: V NAME: Donald Sargent STREET ADDRESS: 20496 NE Bridge Ave CITY-STATE-ZIP: Blountstown, FL 32424 ☐ Change ☒ Addition	
TITLE: AS NAME: JORDAN, VICKI L STREET ADDRESS: 429 WOLFFEN ROAD CITY-STATE-ZIP: SLOCOMB, AL 36375 ☐ Delete		TITLE: V NAME: [Redacted] STREET ADDRESS: [Redacted] CITY-STATE-ZIP: [Redacted] ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Lucretia W. Farris</u>		Date: 7/15/05 Daytime Phone: 850-263-7927	

Lucretia W. Farris

2/10/06

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L32857

1. Entity Name
FARRIS TRUCKING, INC.



Principal Place of Business
C/O HARRY FARRIS 4602 HWY 273
P.O. BOX 232
GRACEVILLE, FL 32440

Mailing Address
C/O HARRY FARRIS 4602 HWY 273
P.O. BOX 232
GRACEVILLE, FL 32440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3011138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRIS, HARRY
4602 HWY 273
GRACEVILLE, FL 32440

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FARRIS, HARRY
STREET ADDRESS 4602 HWY 273
CITY-ST-ZIP GRACEVILLE, FL ☐ Delete

TITLE D
NAME FARRIS, LUCRETIA
STREET ADDRESS 4602 HWY 273
CITY-ST-ZIP GRACEVILLE, FL ☐ Delete

TITLE CEO
NAME FARRIS, JODY E
STREET ADDRESS 4602 HWY 273
CITY-ST-ZIP GRACEVILLE, FL 32440 ☐ Delete

TITLE V
NAME WARD, KEVIN R
STREET ADDRESS 1777 1ST AVENUE
CITY-ST-ZIP GRACEVILLE, FL 32440 ☒ Delete

TITLE V
NAME LANE, JESSE T
STREET ADDRESS 4381 HWY 77
CITY-ST-ZIP GRACEVILLE, FL 32440 ☒ Delete

TITLE AS
NAME JORDAN, VICKI L
STREET ADDRESS 429 WOLFEN ROAD
CITY-ST-ZIP SLOCUMB, AL 36875 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME Tracy A. Bradley
STREET ADDRESS 320 Peanut Road
CITY-ST-ZIP Cottondale, FL 32431 ☐ Change ☒ Addition

TITLE V
NAME Gary H. Burkhead Jr.
STREET ADDRESS 1684 Malcolm Taylor Rd
CITY-ST-ZIP Panama City, FL 32405 ☐ Change ☒ Addition

TITLE V
NAME Jeffrey S. Daly
STREET ADDRESS 443 Cobbin Rd
CITY-ST-ZIP Cottondale, FL 32431 ☐ Change ☒ Addition **DELETE**

TITLE V
NAME Bobby Gene Rodgers
STREET ADDRESS 3051 Woody Marion Drive
CITY-ST-ZIP Chipley, FL 32428 ☐ Change ☒ Addition **DELETE**

TITLE V
NAME Larry Dickerson
STREET ADDRESS 14301 Mercedes Ave
CITY-ST-ZIP Panama City, FL 32401 ☐ Change ☒ Addition **DELETE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lucyetha W. Farris
Lucyetha W. Farris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05 850-263-7927

Date

Daytime Phone #

2/10/06

FILED

Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 038 ***150.00

2006 Attachment Only

ATTACHMENT 60033530

2006 Attachment Only
ATTACHMENT
2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

2005 Attachment Only

DOCUMENT # L32857			
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3011138		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL 32440	
7. Name and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. 200043000242 11/24/04--01043--007 ##61.25			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)		DATE	
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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 DELETED 3320 Rogers Lane Cottondale FL 32431-1541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED 5218 Old US Rd Micanopy FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO FARRIS, JODY E 4622 HWY 273 GRACEVILLE, FL 32440		TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED Dewey H. Whisenant 5445 Oakley St Graceville FL 32440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440		TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED Billy Todd Caudill 1476 Crooms Road Cottondale FL 32431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440		TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED Robert E Taylor 1232 S County Rd 59 Taylor AL 36601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS JORDAN, YICKI L 429 WOLFEN ROAD SLOCOMB, AL 36875		TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED Terry N Pearson 2450 Cile Lane Micanopy FL 32446	
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: Quentia W. Jann		Date: 11/18/04 850-263-7927	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date	

2/10/06