2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003226

1. Entity Name
TONS TRUCKING LLC

FILED
Feb 04, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
602 DEVONSHIRE STREET OLDSMAR, FL 34677-3507	602 DEVONSHIRE STREET OLDSMAR, FL 34677-3507

DO NOT WRITE IN THIS SPACE

02022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4255746

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTER, BETH C
602 DEVONSHIRE STREET
OLDSMAR, FL 34677-3507

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000034753
02/05/04-80096-011 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALTER, BETH
STREET ADDRESS	602 DEVONSHIRE STREET
CITY-ST-ZIP	OLDSMAR, FL 346773507
TITLE	MGRM
NAME	WALTER, JAMES
STREET ADDRESS	602 DEVONSHIRE STREET
CITY-ST-ZIP	OLDSMAR, FL 346773507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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11. 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 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: Beth Walter Beth Walter 2/2/04 813-390-9104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #