

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M87300

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: SAWMILL RIDGE TRUCKING COMPANY

## Current Principal Place of Business:

7402 N US #1  
VERO BEACH, FL 32967 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 59  
WABASSO, FL 32970 US

## New Mailing Address:

FEI Number: 65-0064097      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOCKWOOD, THOMAS W.  
7402 NORTH US HWY 1  
VERO BEACH, FL 32967 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: HENDERSON, JANE,  
Address: 7275 45TH ST.  
City-St-Zip: VERO BCH, FL

Title: DP ( ) Delete  
Name: LOCKWOOD, THOMAS W.,  
Address: 7275 45TH ST.  
City-St-Zip: VERO BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition  
Name: SMITH, JOHN DAVID  
Address: 7402 US HWY 1  
City-St-Zip: VERO BCH, FL 32967

Title: DP (X) Change ( ) Addition  
Name: LOCKWOOD, THOMAS W  
Address: 7402 US HWY 1  
City-St-Zip: VERO BEACH, FL 32967

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. LOCKWOOD

PD

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date