## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000007278

Entity Name: PAUL HORNE TRUCKING, INC.

FILED Sep 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8709 MARY IVY DRIVE 21430 NE 25TH ST PLANT CITY, FL 33567 WILLISTON, FL 32696

Current Mailing Address: New Mailing Address:

P O BOX 424 21430 NE 25TH ST DURANT, FL 33530 WILLISTON, FL 32696

FEI Number: 59-3621412 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORNE, BONNIE J MITCHELL, SUSANN M 8709 MARY IVY DR 21430 NE 25TH ST DURANT, FL 33530 US WILLISTON, FL 32696 US

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: SUSANN M MITCHELL 09/19/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: HORNE, PAUL R Name: MITCHELL, SUSANN M

 Address:
 P O BOX 424
 Address:
 21430 NE 25TH ST

 City-St-Zip:
 DURANT, FL 33530
 City-St-Zip:
 WILLISTON, FL 32696

Title: SD () Delete Title: SD (X) Change () Addition
Name: HORNE BONNIE J Name: MITCHELL SUSANN M

 Name:
 HORNE, BONNIE J
 Name:
 MITCHELL, SUSANN M

 Address:
 P O BOX 424
 Address:
 21430 NE 25TH ST

 City-St-Zip:
 DURANT, FL 33530
 City-St-Zip:
 WILLISTON, FL 32696

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: SUSANN M MITCHELL PD 09/19/2005