
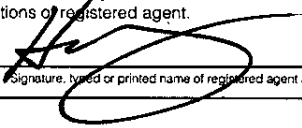
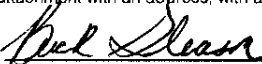


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90080 045 \*\*\*150.00

<b>DOCUMENT # P00000031949</b> 1. Entity Name <b>BUCK'S TRUCKING, INC.</b>			
Principal Place of Business <b>2616 36TH AVE. WEST BRADENTON, FL 34205</b>		Mailing Address <b>2616 36TH AVE. WEST BRADENTON, FL 34205</b>	
2. Principal Place of Business <b>7648 Lockwood Ridge Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>6416 South 100 East</b> Suite, Apt. #, etc.	
City & State <b>Sarasota, FL 34243</b> Zip Country		City & State <b>Markleville, IN 46056</b> Zip Country	
4. FEI Number <b>65-0996921</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GLEASON, BUCK L 2616 36TH AVE. WEST BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name <b>Howard R. Womeldorph</b> Street Address (P.O. Box Number is Not Acceptable) <b>7648 Lockwood Ridge Road</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34243</b>	
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  <b>Howard Womeldorph</b> <b>4-14-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</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 GLEASON, BUCK L 2616 36TH AVE. WEST BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gleason, Buck L 6416 South 100 East Markleville, IN 46056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GLEASON, TRACY L 2616 36TH AVENUE WEST BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Gleason, Tracy L. 6416 South 100 East Markleville, IN 46056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(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:  <b>Buck Gleason</b> <b>4-14-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	