

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90095 006 \*\*\*150.00

40000010



<b>DOCUMENT # P00000032428</b> 1. Entity Name COLLINS TRUCKING OF CRAWFORDVILLE, INC.					
Principal Place of Business 19 HARVEY PITMAN ST. CRAWFORDVILLE, FL 32327			Mailing Address 19 HARVEY PITMAN ST. CRAWFORDVILLE, FL 32327		
2. Principal Place of Business 293 Syfrette Creek Road Suite, Apt. #, etc. Sopchoppy, FL 32358 City & State		3. Mailing Address 293 Syfrette Creek Rd Suite, Apt. #, etc. Sopchoppy, FL City & State			
Zip 32358 Country USA		Zip 32358 Country USA		4. FEI Number 59-3635933 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COLLINS, DANA 19 HARVEY PITMAN ST. CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name: Dana Collins Street Address (P.O. Box Number is Not Acceptable) 293 Syfrette Creek Road City: Sopchoppy, FL Zip Code: 32358		
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: <u>Dana Collins</u> DATE: <u>2/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: COLLINS, DANA STREET ADDRESS: 19 HARVEY PITMAN STREET CITY-ST-ZIP: CRAWFORDVILLE, FL 32327			TITLE: P NAME: Collins, Dana STREET ADDRESS: 293 Syfrette Creek Road CITY-ST-ZIP: Sopchoppy, FL 32358		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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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>Dana Collins</u> <u>Dana Collins</u> <u>2/5/05</u> <u>850-488-1685</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					