2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMEN'T # P00000101782				Se	ecretar	y of State	
1. Entity Name MICHAEL T ELMORE TRUCKING, INC.							
PO B	OX 781			1 27/11 27/11 27/11 27/11 CG	186 (1811 68 187 (1 81 1) 18	(1804 (1816) 1816) 1816 1816 1816 1816 1816 1816 1816 1816 1816 1816 1816 1816 181	
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6. Name and Address of Current Registered Agent ELMORE, MICHAEL T 7465 SW 39TH STREET PALM CITY, FL 34990						,	
of registered agent and thire if app	oficable (NOTE Register 9. Election Campaign Fina	ed Agent signature require	ed when reinstating)	oth. in the State of Fi	orida. I am fan	aliar with, and accept	
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	VRITE IN ss of Current Registered agent and this if applications of registered agent and this if applications is \$450.00 in the \$550.00	Mailing Address PO BOX 781 PALM CITY, FL 34991 VRITE IN THIS SPA ss of Current Registered Agent is statement for the purpose of changing its register of registered agent and title if applicable (NOTE Register 1 150.00 P. Election Campaign Final Trust Fund Contribution FFICERS AND DIRECTORS	Mailing Address PO BOX 781 PALM CITY, FL 34991 VRITE IN THIS SPACE ss of Current Registered Agent is statement for the purpose of changing its registered office or registered agent and title if applicable of registered agent and title if applicable NOTE. Registered Agent signature requires to register the purpose of changing its registered office or registered agent and title if applicable NOTE. Registered Agent signature requires the purpose of changing its registered Agent signature requires the purpose of changing its registered Agent signature requires the purpose of changing its registered Agent signature requires the purpose of changing its registered Agent signature requires the purpose of changing its registered office or registered agent and title if applicable NOTE. Registered Agent signature requires the purpose of changing its registered office or registered agent and title if applicable 1. The purpose of changing its registered office or registered agent agent and title if applicable NOTE. Registered Agent signature requires the purpose of changing its registered office or registered agent agent and title if applicable NOTE. Registered Agent signature requires the purpose of changing its registered office or registered agent	Mailing Address P0 B0X 781 PALM CITY, FL 34991 VRITE IN THIS SPACE O4232004 4. FEI Numb 65-074 5. Certificate se of Current Registered Agent DO IN is statement for the purpose of changing its registered office or registered agent, or both or registered agent and the if applicable (NOTE Registered Agent sprature required when remarkabing) 15150.00 If be \$550.00 FFICERS AND DIRECTORS LT 991	Mailing Address PO BOX 781 PALM CITY, FL 34991 WRITE IN THIS SPACE O4232004 No Chg-P 4. FEI Number 65-0747678 5. Certificate of Status Desired DO NOT WIN THIS SP is statement for the purpose of changing its registered office or registered agent, or both, in the State of Fi of registered agent and the II applicable ONOTE Pregistered Agent septiative required with remaining trust Fund Contribution. S150.00 9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees WDDDD: FFICEPIS AND DIRECTORS ONOTE May 100 PART OF TRUST FUND CONTRIBUTION. DO NOT WIND CONTRIBUTION OF TRUST FUND CONTRIBUTION. DO NOT WIND CONTRIBUTION OF TRUST FUND CONTRIBUTION. DO NOT WIND CONTRIBUTION OF TRUST FUND CONTRIBUTION. DO NOT WIND CONTRIBUTION. DO NOT W	Secretary Mailing Address PO BOX 781 PALM CITY, FL 34991 VRITE IN THIS SPACE 04232004 No Chg-P CR2E034 1. FEI Number 65-0747678 5. Certificate of Status Desired	

12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4122/04 (772)221 3600