2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103264

Entity Name: STCB TRUCKING, INC.

Address:

City-St-Zip:

920 SPRUCE ST

BAREFOOT BAY, FL 32976

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 567 ROSELAND, FL 32957 **Current Mailing Address: New Mailing Address:** P.O. BOX 567 ROSELAND, FL 32957 FEI Number: 59-3685211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBY, DAVID H SANDERS, MICHAEL C 1581 ROBERT J. CONLAN BLVD NE STE 100 802 TAMARIND CIRCLE BAREFOOT BAY, FL 32976 US PALM BAY, FL 32905 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: MICHAEL C SANDERS 01/04/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SANDERS, MICHAEL C Name: Name: P.O. BOX 567 Address: Address: City-St-Zip: ROSELAND, FL 32957 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SANDERS, CHRISTINE R Name: P.O. BOX 567 Address: Address: ROSELAND, FL 32957 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SANDERS, RICHARD P Name: Name: 920 SPRUCE ST Address: Address: City-St-Zip: BAREFOOT BAY, FL 32976 City-St-Zip: Title: () Delete Title: () Change () Addition SANDERS, PATRICIA A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL C SANDERS **PRES** 01/04/2006