2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000114837

1. Entity Name
FLATBED HAULING, INC.

Principal Place of Business	Mailing Address
RT 1 BOX 42 RAIFORD, FL 32083	PO BOX 16952 JACKSONVILLE, FL 32245-6952

DO NOT WRITE IN THIS SPACE

02052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3700801	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAGLEY, RONALD
RT 1 BOX 42
RAIFORD, FL 32083

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	DPV	
NAME	BAGLEY, RONALD	
STREET ADDRESS	RT 1 BOX 42	
CITY-ST-ZIP	RAIFORD, FL 32083	
TITLE	ST	
NAME	BAGLEY, RONALD	
STREET ADDRESS	RT 1 BOX 42	
CITY-ST-ZIP	RAIFORD, FL 32083	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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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: _____   2-6-04   386-431-9218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #