2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114837

Entity Name: FLATBED HAULING, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
RT 1 BOX 42 RAIFORD, FL 32083	
Current Mailing Address:	New Mailing Address:
PO BOX 16952 JACKSONVILLE, FL 322456952	

FEI Number: 59-3700801 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:

BAGLEY, RONALD RT 1 BOX 42 RAIFORD, FL 32083 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV () Delete Title: (X) Change () Addition BAGLEY, RONALD BAGLEY, RONALD Name: Name: RT 1 BOX 42 RT 1 BOX 42 Address: Address: City-St-Zip: RAIFORD, FL 32083 City-St-Zip: RAIFORD, FL 32083

Title: ST () Delete Title: P (X) Change () Addition Name: BAGLEY, RONALD Name: BAGLEY, RONALD

 Name:
 BAGLEY, RONALD
 Name:
 BAGLEY, RONALD

 Address:
 RT 1 BOX 42
 Address:
 RT 1 BOX 42

 City-St-Zip:
 RAIFORD, FL 32083
 City-St-Zip:
 RAIFORD, FL 32083

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RONALD BAGLEY P 04/06/2005