




**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90006 038 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT #P01000002689</b>		
1. Entity Name <b>BETHEL FARMS TRUCKING, INC.</b>		
Principal Place of Business <b>8780 NW BETHEL FARMS RD ARCADIA, FL 34266</b>		Mailing Address <b>8780 NW BETHEL FARMS RD ARCADIA, FL 34266</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
07202007 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>65-1060578</b>		Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>NUGENT, KIMBERLY A 8780 NW BETHEL FARMS RD ARCADIA, FL 34266</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P NUGENT, WILLIAM E 8780 NW BETHEL FARMS RD ARCADIA, FL 34266</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D NUGENT, KIMBERLY A 8780 NW BETHEL FARMS RD ARCADIA, FL 34266</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 full address, with all other like empowered.		
SIGNATURE:  <b>William Nugent President</b> 8-16-07 863-494-3057		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		