

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044143

Entity Name: COMISKEY TRUCKING, INC.

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

7170 RED OAK CR
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

7170 RED OAK LOOP
NEW PORT RICHEY, FL 34654

Current Mailing Address:

P.O BOX 83
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-3726263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, CHARLES M
2451 ATWELL CT
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: COMISKEY, CHRISTOPHER
Address: P.O BOX 83
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: BURKE, PAULA
Address: P.O. BOX 83
City-St-Zip: NEW PORT RICHEY, FL 34656

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

SIGNATURE: PAULA BURKE

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04/20/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date