


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000055994

1. Entity Name
E & B TRUCKING, INC.



Principal Place of Business
 9265 N US HWY 441
 LAKE CITY, FL 32055

Mailing Address
 9265 N US HWY 441
 LAKE CITY, FL 32055



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3728523

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, BONNIE
 9265 N US HWY 441
 LAKE CITY, FL 32055

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

UD00000906984
 05/05/08-80020-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, JOHN EDWARD
STREET ADDRESS	9265 N US HWY 441
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	S
NAME	THOMAS, YVONNE B
STREET ADDRESS	9265 N US HWY 441
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an address, with all other like empowered.

SIGNATURE: *Yvonne B Thomas* 4/15/08 386-752-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #