


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000078364  
1. Entity Name  
RADLIFF TRUCKING & LAND CLEARING, INC.



Principal Place of Business      Mailing Address  
595 CYPRESS AVE                      595 CYPRESS AVE  
ORANGE CITY, FL 32763              ORANGE CITY, FL 32763

**DO NOT WRITE IN THIS SPACE**



01132005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3744929              Not Applicable

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

6. Name and Address of Current Registered Agent  
  
RADLIFF,  
595 CYPRESS AVE  
ORANGE CITY, FL 32763

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RADLIFF, KIM E
STREET ADDRESS	595 CYPRESS AVE
CITY - ST - ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN0000210561  
02/02/05-80084-022 150.00

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IN THIS SPACE**

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: Kim E Radliff      President      1/15/05      386 774 1191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #