2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000086198

1. Entity Name
BAXTER'S TRUCKING INC.

Principal Place of Business	Mailing Address
4680 NW 8TH DR	4680 NW 8TH DR
PLANTATION, FL 33317-1427	PLANTATION, FL 33317-1427

DO NOT WRITE IN THIS SPACE

04112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1132477	Not Applicable

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

6. Name and Address of Current Registered Agent

BAXTER, RUPERT G
4680 NW 8TH DR
PLANTATION, FL 33317

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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 __X__ _Rupert Baxter_

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U000000113035
04/14/04--80047--025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BAXTER, RUPERT G
STREET ADDRESS	4680 NW 8TH DR
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	S
NAME	CAMPBELL, LAURICE M
STREET ADDRESS	4680 NW 8TH DR
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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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: __X__ _Rupert Baxter_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #