


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90352 025 ***150.00

DOCUMENT # P01000098697	
1. Entity Name THOMAS MC CLOUD TRUCKING, INC.	

Principal Place of Business 3079 SEAGRAPE RD. LANTANA FL 33462	Mailing Address 3079 SEAGRAPE RD. LANTANA FL 33462
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MOORE CR2E034 (11/03)

2. Principal Place of Business <i>3079 Seagrape Rd</i>	3. Mailing Address <i>3079 Seagrape Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Lantana FL</i>	City & State <i>Lantana FL</i>	4. FEI Number 65-1144923	Applied For Not Applicable
Zip <i>33462</i>	Country <i>Palm Beach</i>	Zip <i>33462</i>	Country <i>Palm Beach</i>

6. Name and Address of Current Registered Agent MC CLOUD, THOMAS 3079 SEAGRAPE RD LANTANA FL 33462	7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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: *Thomas McCloud* Thomas McCloud *Thomas McCloud* 4/27/04
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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <i>NO</i>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MC CLOUD, THOMAS 3079 SEAGRAPE RD. LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Thomas McCloud* *Thomas McCloud* 4/27/04 561 9665517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #