


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000098940	
1. Entity Name SWAMP RAT TRUCKING, INC.	

Principal Place of Business 987 SW SEVEN BRIDGES RD GREENVILLE, FL 32331	Mailing Address 987 SW SEVEN BRIDGES RD GREENVILLE, FL 32331
--	--



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3750530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REICHMAN, MICHAEL A 380 N. JEFFERSON ST. MONTICELLO, FL 32344	
---	--

**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, GREGORY RT. 1 BOX 86A GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, ROBERT RT. 1 BOX 86A GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, MICHELLE RT. 1 BOX 86A GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELP, JENNIFER 939 S.W. SEVEN BRIDGES ROAD GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000334627
04/27/05-80052-005 150.00

**DO NOT WRITE
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: *Greg Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 850-948-5522
Date Daytime Phone #