

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90068 007 \*\*\*150.00

**DOCUMENT # P01000102221**

1. Entity Name  
**TIM WRIGHT TRUCKING, INC.**



Principal Place of Business      Mailing Address

~~10940 W. GEM STREET~~      ~~10940 W. GEM STREET~~      **5661 W. FT. DRUM DR**  
~~CRYSTAL RIVER, FL 34429~~      ~~CRYSTAL RIVER, FL 34429~~      **BEVERLY HILLS, FL. 34465**

**5661 W. FORT DRUM DR**  
**BEVERLY HILLS, FL. 34465**



08112004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3755387</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

~~WRIGHT, TIMOTHY W~~  
~~10940 W. GEM STREET~~      **5661 W. FORT DRUM DR**  
~~CRYSTAL RIVER, FL 34429~~      **BEVERLY HILLS, FL 34465**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>WRIGHT, TIMOTHY W<br><del>10940 W. GEM STREET</del> <b>5661 W. FORT DRUM DR</b><br><del>CRYSTAL RIVER, FL 34429</del> <b>BEVERLY HILLS, FL 34465</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**Fort Drum Dr  
Hills, FL. 34465**

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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:** *Timothy Wright* **PRESIDENT**      **08/06/04**      **352-527-1417**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**TIMOTHY WRIGHT**