

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90009 011 ***150.00

DOCUMENT # P02000027164					
1. Entity Name WKB TRUCKING, INC.					
Principal Place of Business 9204 CARY BARBER ROAD MACCLENLY, FL 32063			Mailing Address 9204 CARY BARBER ROAD MACCLENLY, FL 32063		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01172004 Chg-P CR2E034 (10/03)	
4. FEI Number 04-0650966 01-0650966				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 COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD SUITE 450 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name <u>William K. Beckum, Pres.</u> Street Address (P.O. Box Number is Not Acceptable) <u>9204 Cary Barber Rd</u> City <u>Macclenny</u> FL Zip Code <u>32063</u>		
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 <u>William K. Beckum, President</u> DATE <u>1-17-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKUM, WILLIAM K 9204 CARY BARBER ROAD MACCLENLY, FL 32063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BECKUM, TERESA S 9204 CARY BARBER ROAD MACCLENLY, FL 32063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u>William K. Beckum, President</u> Date <u>1/17/04</u> Daytime Phone # <u>904-259-9620</u>		