

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000027828

1. Entity Name
B & F TRUCKING PINE ISLAND, INC.



Principal Place of Business
**4262 BERKSHIRE ROAD
ST. JAMES CITY, FL 33956**

Mailing Address
**POST OFFICE BOX 214
MATLACHA, FL 33993**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0420414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FISCHER, BRADLEY W
4262 BERKSHIRE ROAD
ST. JAMES CITY, FL 33956**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	FISCHER, BRADLEY W
STREET ADDRESS	4262 BERKSHIRE ROAD
CITY-ST-ZIP	ST. JAMES CITY, FL 33956

TITLE	VS
NAME	FISCHER, DOREEN M
STREET ADDRESS	4262 BERKSHIRE ROAD
CITY-ST-ZIP	ST. JAMES CITY, FL 33956

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/03/08-80020-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

239-283
7769

Daytime Phone