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FILED

03 JUN 30 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031191

1. Entity Name  
**LONG'S TRUCK SERVICE, INC.**

Principal Place of Business  
HC1, BOX 18 MOODY BLVD  
BUNNELL, FL 32110

Mailing Address  
HC1, BOX 18 MOODY BLVD  
BUNNELL, FL 32110

2. Principal Place of Business  
3800 US 1  
Suite, Apt. #, etc.  
Hwy  
City & State  
BUNNELL FL.

3. Mailing Address  
PO BOX 1163  
Suite, Apt. #, etc.  
BUNNELL FL.  
City & State

4. FEI Number  
270008561

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LONG, GREGORY W  
HC1 BOX 18 MOODY BLVD  
BUNNELL, FL 32110

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NONE Registered Agent's signature required when attending)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	LONG, GREGORY W	NAME	
STREET ADDRESS	HC1, BOX 18 MOODY BLVD	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LONG, KIMBERLY A	NAME	
STREET ADDRESS	HC1, BOX 18 MOODY BLVD	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kimberly Long Date: 6-20-03 Daytime Phone #: 386-437-6357

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07/10/03--01064--024 \*\*150.00



CHECK HERE IF MAKING CHANGES

CHANGES (GROSS)

ITS

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TO Whom It My CONCERN

LONG TRUCK SERVICE INC

DID NOT RECEIVE A ANNUAL CORP REPORT  
IN THE MAIL. I JUST INCORPORATED.

2002. I WAS TOLD BY MY LAWYER.

I WOULD RECEIVE A ANNUAL REPORT.

EVERY YEAR. AND TO FILE IT OUT  
AND SEND A FEE. WELL WE DID NOT  
RECEIVE ONE.

CAN YOU PLEASE


HELP ME OUT HERE.

THANK YOU VERY  
MUCH

LONG TRUCK SERVICE INC

DOCUMENT NUMBER. PO 700031191

PHONE 386-437-6357

Pres 

VIS PRES / Kirby 