
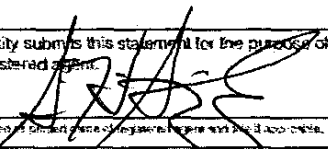



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90024 018 \*\*\*150.00

<b>DOCUMENT # P02000062606</b> 1. Entity Name <b>BILLY KIRBY TRUCK BROKERS, INC.</b>		
Principal Place of Business <b>118 N COLLINS ST                  PLANT CITY, FL 33563</b>		Mailing Address <b>118 N COLLINS ST                  PLANT CITY, FL 33563</b>
2. Principal Place of Business <b>3227 SILVERMOON DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>3227 SILVERMOON DR</b> Suite, Apt. #, etc.	
City & State <b>PLANT CITY, FL</b> Zip <b>33566</b>	City & State <b>PLANT CITY, FL</b> Zip <b>33566</b>	4. FEI Number <b>27-0015110</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03072004 Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent <b>SPEIGEL &amp; UTRERA, P.A.                  1840 SW 22 ST 4TH FL                  MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>STEVEN H. STEINBERG</b> Street Address (P.O. Box Number is Not Acceptable) <b>1736 OAK BRIDGE ST.</b> City <b>TAMPA</b> FL Zip Code <b>33647</b>
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: <b>3-14-04</b> <small>Signature, Name of Director, State of Registered Agent and their local office. NOTE: Registered Agent signature required when withdrawing. DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>KIRBY, WILLIAM W</b> <b>118 N COLLINS ST 3227 SILVERMOON DR</b> <b>PLANT CITY, FL 33563 33566</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <input type="checkbox"/> Delete <b>KIRBY, KATHLEEN M</b> <b>118 N COLLINS ST 3227 SILVERMOON DR</b> <b>PLANT CITY, FL 33563 33566</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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)(c), 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 697, 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: 		DATE: <b>3-14-04</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>