2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2008 08:00 AM Secretary of State **DOCUMENT # P02000062606** BILLY KIRBY TRUCK BROKERS, INC. Principal Place of Business Mailing Address 105 N. COLLINS STREET 105 N. COLLINS STREET PLANT CITY, FL 33563 PLANT CITY, FL 33563 04292008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0015110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REICH, ROBERT W 105 N. COLLINS STREET PLANT CITY, FL 33563 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if as 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. U000000935206 After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE KIRBY, WILLIAM W NAME STREET ADDRESS 105 N. COLLINS STREET CITY-ST-ZIP PLANT CITY, FL 33563 TITLE REICH, ROBERT W NAME STREET ADDRESS 105 N. COLLINS ST. CITY-ST-ZIP PLANT CITY, FL 33563 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF G OFFICER OR DIRECTOR

FILED