


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90001 029 \*\*\*158.75

<b>DOCUMENT # P02000076810</b> 1. Entity Name <b>SMEAL TRUCKING, INC.</b>			
Principal Place of Business <b>890 U.S. HWY 98 FROOSTPROOF, FL 33843</b>		Mailing Address <b>890 U.S. HWY 98 FROOSTPROOF, FL 33843</b>	
2. Principal Place of Business <b>860 US 98 W</b> Suite, Apt. #, etc.		3. Mailing Address <b>860 U.S. HWY 98 W</b> Suite, Apt. #, etc.	
City & State <b>FROSTPROOF, FL.</b> Zip <b>33843</b> Country <b>POLK</b>		City & State <b>FROSTPROOF, FLORIDA</b> Zip <b>33843</b> Country <b>POLK</b>	
4. FEI Number <b>02-0635462</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		08202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>SMEAL, LARRY K JR 890 U.S. HWY 98 FROOSTPROOF, FL 33843</b>		7. Name and Address of New Registered Agent Name <b>LARRY K. SMEAL JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>860 US 98 W</b> City <b>FROSTPROOF</b> <b>FL</b> Zip Code <b>33843</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 <u><i>Larry K. Smeal Jr.</i></u> DATE <u><b>8-28-04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <input type="checkbox"/> Delete <b>SMEAL, LARRY K JR 890 U.S. HWY 98 FROOSTPROOF, FL 33843</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SMEAL, AUDREY 890 U.S. HWY 98 FROOSTPROOF, FL 33843</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Larry K. Smeal Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><b>8-28-04</b></u> <small>Date</small>	

**54071074**



ATTACHMENT 54071074  
# P02000076810

8-28-04

To: Florida Department of State

I have not previously received a  
annual report notice. I have recorded  
our correct address on the 2004  
annual report form.

Thank you,

Larry K. Loebl Jr.