

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000078220**  
 1. Entity Name  
**CREIGHTON TRUCKING, INC.**



Principal Place of Business      Mailing Address  
 315 BECKS LAKE RD.                      315 BECKS LAKE RD.  
 CANTONMENT, FL 32533                      CANTONMENT, FL 32533

**DO NOT WRITE IN THIS SPACE**



01082004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 14-1837772                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CREIGHTON, GORDON R  
 315 BECKS LAKE RD.  
 CANTONMENT, FL 32533

**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: *Gordon Creighton*      *Gordon Creighton*      *2-14-04*  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when rehashing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000058226  
 02/20/04-80021-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREIGHTON, GORDON R 315 BECKS LAKE RD. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREIGHTON, BERTHA C 315 BECKS LAKE RD. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gordon Creighton*      *Gordon Creighton*      *02-14-04*      *850-9680394*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #