

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097635

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: THOMPSON & SON TRUCKING, INC.

## Current Principal Place of Business:

1740 ELSIE STREET  
GREEN COVE SPRINGS, FL 32043

## New Principal Place of Business:

## Current Mailing Address:

1740 ELSIE STREET  
GREEN COVE SPRINGS, FL 32043

## New Mailing Address:

FEI Number: 55-0798891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUVAL FIELDS CONSULTING, LLC.  
428 WALNUT ST.  
GREEN COVE SPRINGS, FL 32043 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: THOMPSON, DAVID W  
Address: 1740 ELSIE STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: THOMPSON, HAYWARD W  
Address: POST OFFICE BOX 835  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete  
Name: THOMPSON, MARIE A  
Address: 1740 ELSIE STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: THOMPSON, THOMAS D  
Address: 1740 ELSIE ST.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: WINGATE, OWEN C III  
Address: 1740 ELSIE ST  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D (X) Delete  
Name: THOMPSON, JACQUELYN D  
Address: 1740 ELSIE ST  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MULLER, ANDREW  
Address: 5296 PONDUE LANE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. THOMPSON

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date