

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000123097</b>
1. Entity Name ASKIN TRUCKING, INC.

Principal Place of Business 316 MEADOW LANE LORIDA, FL 33857 US	Mailing Address 316 MEADOW LANE LORIDA, FL 33857 US
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01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 71-0892565	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  ASKIN, MICHAEL 316 MEADOW LANE LORIDA, FL 33857
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

U000000013615  
01/26/04-80060-021 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASKIN, MICHAEL 316 MEADOW LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASKIN, JEFFREY 316 MEADOW LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASKIN, WILLIAM 316 MEADOW LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Mike Askin Mike Askin 1/15/2004 863-655-0802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #