2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001731

1. Entity Name

JIM PURCELL TRUCKING, INC.



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

5548 DARLENE STREET WEEKI WACHEE, FL 34607 Mailing Address

5548 DARLENE STREET WEEKI WACHEE, FL 34607



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01162008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 83-0346043 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

PURCELL, JAMES E 5548 DARLENE STREET WEEKI WACHEE, FL 34607

SIGNATURE,

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 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when remaining). OATE					
Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D PURCELL, JAMES E 5548 DARLENE STREET WEEKI WACHEE, FL 34607	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S PURCELL, JOAN M 5548 DARLENE ST SPRING HILL, FL 34607				000000822532 02/20/08-80002-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESSCITY+ST-ZIP					•
12. I hereby certify that the information supplied with this filling 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, win all other like empowered.					