

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000002843



1. Entity Name
COMMUNITY TRUCKING, INC.

Principal Place of Business
661 NW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

Mailing Address
661 NW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

2. Principal Place of Business

11500 NW SO. RIVER DR.
Suite, Apt. #, etc.
SUITE #3

CITY & STATE
MEDLEY, FL.

ZIP 33178 COUNTRY FLA

3. Mailing Address

11500 NW SO. RIVER DR.
Suite, Apt. #, etc.
SUITE #3

CITY & STATE
MEDLEY, FL.

ZIP 33178 COUNTRY FLA

6. Name and Address of Current Registered Agent

FIGUEROA, CLARA N
11500 N.W. SO. RIVER DR
SUITE 3
MEDLEY, FL 33178

04262004 Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 02-0665628 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Clara N. Figueroa

(NOTE: Registered Agent signature required when reinstating)

4/23/04

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

10. OFFICERS AND DIRECTORS

TITLE PS
NAME FIGUEROA, CLARA N
STREET ADDRESS 11500 NW SO. RIVER DR., SUITE #3
CITY-ST-ZIP MEDLEY, FL 33178

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change 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:

Clara N. Figueroa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

Daytime Phone #