## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P03000003776 1. Entity Name 04-24-2006 90368 038 \*\*\*150.00 MICHAEL WHITMAN TRUCKING, INC. Principal Place of Business Mailing Address 11365 SUNSHINE GROVE RD. 11365 SUNSHINE GROVE RD. **BROOKSVILLE FL 34614** BROOKSVILLE FL 34614 2. Principal Place of Business 373 SW Bonthal Ave 3. Mailing Address 373 SW-Bount Aul Avc Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State 04-3734884 Ft. White Not Applicable Columbia 32038 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITMAN, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 11365 SUNSHINE GROVE RD. **BROOKSVILLE FL 34614** City Zio Code FL 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE □ Defete TITLE NAME NAME WHITMAN, JUDITH L 373 SW BOUNTIFULAVE STREET ADDRESS 11365 SUNSHINE GROVE RD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34614 CITY-ST-7th Ft. White, FC 32038 TITLE ☐ Delete TITLE Addition WHITMAN, MICHAEL D NAME 373 SW Bountiful Ave STREET ADDRESS STREET ADDRESS 11365 SUNSHINE GROVE RD CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34614** Detete ☐ Addition OHE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

**FILED**