## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P03000015095

1. Entity Name

RA IA TRUCKING INC

SIGNATURE: \_\_



**FILED** Feb 05, 2004 8:00 am Secretary of State 02-05-2004 90008 002 \*\*\*150.00

BAJA IK	UCKING, INC.									
Principal Place of Business Mailing Address 7031 SLATER PINES ROAD NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL				17						
2. Principal Place of Business  1335 PINEY ROAD  Suite, Apt. #, etc.		3. Mailing Address  / 335								
					01212004 Chg-P CR2E034 (10/03)					
City & State  W For	MYERS FLORIDA	City & State N. Funt N	NYERS	FLORIDA	4. FEI Number 59-374				plied For Applicable	
Zip 3390	3 Country	<sup>Zip</sup> 33903	Cour	ntry	5. Certificate of	f Status Desired		<b>3.75</b> Addit e Required		
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	Address of New I	Registered Age	ent		
HOUGHTALING, MARK				HOUGHTALING, MARK						
7031 SLATER PINES ROAD NORTH FORT MYERS, FL 33917 ·				Street Address (P.O. Box Number is Not Acceptable)  /335						
				City 11 E	ins my on	•	FL	Zip Code	.2	
8. The above	named entity submits this statement for	or the purpose of chang	ning its register				1	niliar with, s	and accept	
SIĞNATURE_	ions of registered agent.  They House Signature, typed or printed rame of registered agen	and title Upplicable.		AK House ed Agent signature requ	GHTALING uired when reinstating)	PRESINE	DATE	/-28	-04	
	E NOWI!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	l	Campaign Fina d Contribution.		\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND D	RECTORS	IN 11	
TITLE	PD	☐ Delete	-				[]	Change	Addition	
NAME STREET ADDRESS			NAN STR	EET ADDRESS 3	SS 1335 PINET RUAD					
CITY-ST-ZIP										
TITLE	VSD	☐ Delete	e TITL			<del></del>		Change	Addition	
NAME	BRANSFIELD, DENISE		NAN		335 PINEY	- 4-44				
STREET ADDRESS CITY-ST-ZIP				FURT MY		73807				
TITLE	Table 11 Oct Williams	☐ Delet		- t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7C3 /-C.		] Change	Addition	
NAME	¢		NAN	i			_	_		
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP					<u></u>	
TITLE NAME		☐ Delet	e TITL NAN	l l			L	Change	Addition	
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP			,			
TITLE		☐ Delet	e TITL	LE				_ Change	Addition	
NAME			NAN							
STREET ADDRESS				EET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP							Г	Change	☐ Addition	
TITLE NAME		☐ Delet	e TITE				. L	T Amming		
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP			CIT	Y-S1-ZIP						
12. I hereby of indicated of the cor	certify that the information supplied wit ton this report or supplemental report rporation or the receiver or trustee emp	th this filing does not qui is true and accurate an powered to execute this	alify for the exe d that my signa report as requ	emption stated in ature shall have t ired by Chapter	n Section 119.07(3)(i the same legal effect 607, Florida Statutes	), Florida Statutes as if made under s; and that my nar	. I further certify r oath; that I am me appears in E	that the in an officer Block 10 or	formation or director Block 11 if	

MARK HOUGHTALING 1-28-04 (239) 761-1616

PEFICER OR DIRECTOR

Dayline Phone F