2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016619

Entity Name: KOEHLER TRUCKING, INC.

FILED Aug 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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Current Mailing Address: New Mailing Address:

FEI Number: 26-0058725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOEHLER, EDITH
6475 SLATE ST
INVERNESS, FL 34452 US

KOEHLER, EDITH
6475 E SLATE ST
INVERNESS, FL 34452 US

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.

SIGNATURE: 08/02/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 KOEHLER, ROBERT E
 Name:
 KOEHLER, ROBERT E

 Address:
 6475 SLATE ST
 Address:
 3578 S SUSAN PT

Address: 64/5 SLATE ST Address: 35/8 S SUSAN PT
City-St-Zip: INVERNESS, FL 34452 City-St-Zip: INVERNESS, FL 34452

Title: VT () Delete Title: VT (X) Change () Addition
Name: KOEHLER, ELAINE Name: KOEHLER, ELAINE
Address: 6475 SLATE ST Address: 3578 S. SLISAN PT

 Address:
 6475 SLATE ST
 Address:
 3578 S SUSAN PT

 City-St-Zip:
 INVERNESS, FL 34452
 City-St-Zip:
 INVERNESS, FL 34452

Title: AS () Delete Title: AS (X) Change () Addition

 Name:
 KOEHLER, EDITH
 Name:
 KOEHLER, EDITH

 Address:
 6475 SLATE ST
 Address:
 6475 E SLATE ST

 City-St-Zip:
 INVERNESS, FL 34452
 City-St-Zip:
 INVERNESS, FL 34452

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE KOEHLER VT 08/02/2005