


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000031057


1. Entity Name
AFFORDABLE TRUCKING & SOD, INC.



Principal Place of Business
**16970 S.W. FARM ROAD
 INDIANTOWN, FL 34956**

Mailing Address
**16970 SW FARM RD
 INDIANTOWN, FL 34956**

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 41-2085935 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CUSHNIE, COLIN ESQ
 1541 SE PORT ST. LUCIE BLVD., SUITE F
 PORT ST. LUCIE, FL 34952**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BARGMAN, JESSIE SR 16970 SW FARM RD INDIANTOWN, FL 34956 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BARGMAN, ALICE 16970 SW FARM RD INDIANTOWN, FL 34956 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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 05/09/07-80069-001.150.00

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12. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Alice Bargman Date: 4-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #