



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90298 019 \*\*\*150.00

<b>DOCUMENT # P03000068595</b> 1. Entity Name <b>A-1 M &amp; B TRUCKING, INC.</b>																													
Principal Place of Business <b>3953 PELICAN COURT LAKELAND, FL 33813</b>				Mailing Address <b>3953 PELICAN COURT LAKELAND, FL 33813</b>																									
2. Principal Place of Business <b>3719 CR 543</b>		3. Mailing Address <b>3719 CR 543</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>Lakeland FL</b>		City & State <b>Lakeland FL</b>																											
Zip <b>33801</b>		Country <b>Polk</b>		4. FEI Number <b>30-0069031</b>																									
Zip <b>33801</b>		Country <b>Polk</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BLANKENSHIP, MICHAEL W 3953 PELICAN COURT LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name <b>Michael Blankenship</b> Street Address (P.O. Box Number is Not Acceptable) <b>3719 CR 543</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33801</b>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
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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: <u>Michael Blankenship</u> <b>4/14/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													