2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 17, 2005 08:00 AN Secretary of State

DOCUMENT # P03000092828 1. Entity Name					Secretary of State			
U-BACK TRUCKIN, INC.					! }			
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Principal Plan	ce of Business			}				
9518 N. DA TAMPA FL	RTMOUTH AVENUE 33612	9518 N. DARTMOUTH TAMPA FL 33612	18 N. DARTMOUTH AVENUE MPA FL 33612				<u>,</u>	
					.) }}			
2. Principal l	Place of Business	3. Mailing Address			.]			
Suite, Apt	.#, etc.	Suite, Apt. #, etc.			1st MOORE			
City & Sta	te	City & State			4. FEI Num	54-2123049		pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificat	e of Status Desired	\$8.75 Ac	
Name and Address of Current Registered Agent					7. Name an	d Address of New Regist	ered Agent	
				Name				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Ì	Street Address	Address (P.O. Box Number is Not Acceptable)			
	MI FL 33145			<u> </u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·
	••• <u> </u>	ومين مان مان جام الهورات	. }	City	1	green M.	FL Zip Coo	
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 egent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					~ } -	9. Election Campaign F Trust Fund Contribut		.00 May Be led to Fees
10.	= OFFICERS AND	DIRECTORS	11,		ADDIT(ONS	CHANGES TO OFFICER	S AND DIRECTOR	
THE	PSTD	☐ Delete	itte	ì			☐ Change	Addition
NAME	JITERBACK, CHARLENE L		NAME	1				(
STREET ADDRESS City - St-Zip	19518 N. DARTMOUTH AVENUE TAMPA FL 33612	<u> </u>		ST ZIP	<u> </u>			1 \$11.5m =
सर्ह			31718)			Change	Codibba 🖂
NAME	UTTERBACK, JOHN W		NAME STREET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	TAMPA FL 33612		.* Y	ST ZIP				
MLE	}	☐ Datele	met	(Change	Addition
NAME CENTER ADDRESS	}		NAME SIDIE	1 ADDRESS				
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hite	<u> </u>	Delele	irit f			,	☐ Change	☐ Addition
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CITY-ST-ZIP		<u></u>	CUTY	ST-ZIP		05/11/02_00016		
TITLE		☐ Delete	HILL	. }			☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS				İ
CITY-ST-ZIP		,	•	ST-ZIP		, ,		}
THEE	- · · · ·	☐ Delete	hite				Change	☐ Addilion
NAME			NAME				•	}
STREET ADDRESS				AODRESS				}
CITY-ST-ZIP				S1-ZIP	 	 		
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exen	nption stated in Se	ection 119.07(3	(i), Florida Statutes. I furth	er certify that the i	niormation)

2. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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

∃IGNATURE: ∠

SAME STATE OF SHINTED NAME OF SIGNING OFFICER OR DIFFECTOR

Feb 14 2005 813 933 2927