


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90007 034 ***150.00

DOCUMENT # P03000104040 1. Entity Name MCCULLOUGH TRUCKING, INC.					
Principal Place of Business 1700 LIGHTWOOD COURT NICEVILLE, FL 32578 US			Mailing Address 1700 LIGHTWOOD COURT NICEVILLE, FL 32578 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCULLOUGH, DAFFNEY A 1700 LIGHTWOOD COURT NICEVILLE, FL 32578				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOUGH, KENNETH F		NAME		
STREET ADDRESS	1700 LIGHTWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOUGH, DAFFNEY A		NAME		
STREET ADDRESS	1700 LIGHTWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Daffney McCullough</u> DAFFNEY McCullough <u>Sep 8, 2004</u> <u>(850) 678-0837</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					