


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90023 045 ***150.00

DOCUMENT # P03000110605	
1. Entity Name CUMBY TRUCKING, INC	

Principal Place of Business 13033 LANIER ROAD JACKSONVILLE, FL 32226	Mailing Address 10337 OLD PLANK ROAD JACKSONVILLE, FL 32220
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2. Principal Place of Business 13033 LANIER ROAD	3. Mailing Address 10337 OLD PLANK ROAD
Site, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32226	Zip 32220
Country DUVAL	Country DUVAL

01142004 Chg-P CR2E034 (10/03)

4. FEI Number 61-1457858	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUMBY, LINDA S 10337 OLD PLANK ROAD JACKSONVILLE, FL 32220	7. Name and Address of New Registered Agent Name CUMBY, LINDA S. Street Address (P.O. Box Number is Not Acceptable) 10337 OLD PLANK ROAD City JACKSONVILLE FL 32220
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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 <u>Linda S. Cumby</u> <small>Signature, typed or printed name of registered agent and title applicable.</small>	<u>Linda S. Cumby</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <u>3-10-04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CUMBY, CHARLES W 10337 OLD PLANK ROAD JACKSONVILLE, FL 32220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 6c7, 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>Charles Cumby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-10-04</u> <u>904-838-5337</u> <small>Date Daytime Phone #</small>