## 2006 FOR PROFIT CORPORATION ANNUAL REPORT **Secretary of State** DOCUMENT # P03000112766 1. Entity Name BUNN TRUCKING COMPANY Principal Place of Business Mailing Address 6130 BEAR CREET COURT 6130 BEAR CREET COURT LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US UŞ CR2E034 (11/05) 02012006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 90-0122457 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUNN, MICHAEL DO NOT WRITE 6130 BEAR CREET COURT LAKE WORTH, FL 33467 IN THIS SPACE 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 agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE

Afte		1, 2006 Fee will be \$550.00	
10.		OFFICERS AND DIREC	CTORS
TITLE	P		

6130 BEAR CREET COURT

LAKE WORTH, FL 33467

BUNN, MICHAEL

NAME STREET ADDRESS

MAME STREET ADDRESS CITY-ST-7IP TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST 7IP

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

 $\Box$ 

UNADAA452265 03/11/706-80020-007 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

STREET ADDRESS		
CITY-ST-ZIP		
TITLE		· -
NAME		
STREET ADDRESS	{	
CITY-ST-ZIP		

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:

Dun URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-06

561-723-8655

Daytime Phone #