

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113122

Entity Name: CMP TRUCKING, INC.

FILED  
Apr 11, 2005  
Secretary of State

## Current Principal Place of Business:

6307 4TH AVE W  
SEBRING, FL 33876 US

## New Principal Place of Business:

6307 OKINAWA AVE  
SEBRING, FL 33876 US

## Current Mailing Address:

6307 4TH AVE W  
SEBRING, FL 33876 US

## New Mailing Address:

6307 OKINAWA AVE  
SEBRING, FL 33876 US

FEI Number: 20-0300240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRYCE, CLIFTON A  
6307 4TH AVE W  
SEBRING, FL, FL 33876 US

## Name and Address of New Registered Agent:

PRYCE, CLIFTON A  
6307 OKINAWA AVE  
SEBRING, FL, FL 33876 US

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.

SIGNATURE:

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRYCE, CLIFTON A  
Address: 6307 4TH AVE W  
City-St-Zip: SEBRING,, FL 33876 US

Title: VP ( ) Delete  
Name: PRYCE, MAUREEN G  
Address: 6307 4TH AVE W  
City-St-Zip: SEBRING, FL 33876 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PRYCE, CLIFTON A  
Address: 6307 OKINAWA AVE  
City-St-Zip: SEBRING,, FL 33876 US

Title: VP (X) Change ( ) Addition  
Name: PRYCE, MAUREEN G  
Address: 6307 OKINAWA AVE  
City-St-Zip: SEBRING, FL 33876 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN PRYCE

VP

04/11/2005

Electronic Signature of Signing Officer or Director

Date