2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM **DOCUMENT # P03000118908 Secretary of State** P & B TRUCKING, INC. Principal Place of Business Mailing Address 407 LAKE AMBERLEIGH DRIVE 407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787 US WINTER GARDEN, FL 34787 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0328583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THORPE, LYSANDER DO NOT WRITE 6327 PINEY GLEN LANE ORLANDO, FL 32818 IN THIS SPACE . 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) Unnnnn212889 02/03/05-80045-016 158.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE NAME PADARAT, SATYACHARAN 407 LAKE AMBERLEIGH DRIVE STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)656-0183

Date

Daytime Phone #