## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## **DOCUMENT # P03000129978**

1. Entity Name

ROY'S TRUCKING, INC.

SIGNATURE:



## **FILED** Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90070 038 \*\*\*150.00

			GOO WE THE	
Principal Place of Business Mailing Address				<del></del>
5700 WAUCHULA RD. MYAKKA CITY FL 34251		5700 WAUCHULA RD MYAKKA CITY FL 34		
2. Principal Pl	lace of Business	3. Mailing Address		
·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
GAY, JIM CPA 3984 ST RD 64 E BRADENTON FL 34208				ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8 The above	named entity submits this stateme	nt for the purpose of changing it	e registered office or regis	stered agent, or both, in the State of Florida. Larn familiar with, and accept
	ions of registered agent.	nt for the purpose of changing it	s registered office of regis	stored agent, or both, in the State of Holida. Faitheninial with, and accept
SIGNATURE .				
- SIGNATION .	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent signature requ	ured when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550 c Payable to Florida Departmen	.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS A	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PRES	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	GREEN, ROY F 5700 WAUCHULA RD.		NAME STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL 34251		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	Change Change
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	ļ		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	<u> </u>	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
	continue that the information our = "-	Lwith this filing does not supply		n Section 119.07(3)(i), Florida Statutes. I further certify that the information
of the co	i on this report or supplemental reg	ort is true and accurate and that empowered to execute this repo	t my signature shall have t ort as required by Chapter	1 Section 119.07(3)(I), Florida Statutes. Further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ROY F. Green