

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90034 028 ***150.00

DOCUMENT # P03000134802					
1. Entity Name MCCLAIN TRUCKING, INC.					
Principal Place of Business 1918 BAYWOOD TERRACE SARASOTA FL 34321			Mailing Address 1918 BAYWOOD TERRACE SARASOTA FL 34321		
2. Principal Place of Business 2383 FLENTWOOD DR.		3. Mailing Address 2383 FLENTWOOD DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 200403718	
Zip 34238		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLAIN, PETER 1918 BAYWOOD TERRACE SARASOTA FL 34321			7. Name and Address of New Registered Agent Name: MCCLAIN PETER Street Address (P.O. Box Number is Not Acceptable) 2383 FLENTWOOD DR. City: SARASOTA FL Zip Code: 34238		
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: <i>Peter McClain</i> PETER MCCLAIN PRES March 7 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME MCCLAIN, PETER		TITLE D	NAME MCCLAIN PETER	
STREET ADDRESS 1918 BAYWOOD TERRACE	CITY-ST-ZIP SARASOTA FL 34321		STREET ADDRESS 2383 FLENTWOOD DR.	CITY-ST-ZIP SARASOTA FL 34238	
TITLE D	NAME GOLDING, SCOTT		TITLE 	NAME 	
STREET ADDRESS 2675 20TH STREET	CITY-ST-ZIP SARASOTA FL 34234		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME MCCLAIN, CAROL		TITLE D	NAME MCCLAIN CAROL	
STREET ADDRESS 1918 BAYWOOD TERRACE	CITY-ST-ZIP SARASOTA FL 34321		STREET ADDRESS 2383 FLENTWOOD DR.	CITY-ST-ZIP SARASOTA FL 34238	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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 the empowered.					
SIGNATURE: <i>Peter McClain</i> PETER MCCLAIN			March 7, 2004 941 321 1734		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		