


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90018 018 \*\*\*150.00

<b>DOCUMENT # P03000137698</b> 1. Entity Name <b>NORTH CENTRAL FLORIDA TRUCKING, INC.</b>					
Principal Place of Business <b>8400 SW CR-18 WORTHINGTON SPRINGS, FL 32697</b>			Mailing Address <b>8400 SW CR-18 WORTHINGTON SPRINGS, FL 32697</b>		
2. Principal Place of Business <b>4584 SW 110th Lane</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 227</b> Suite, Apt. #, etc.		
City & State <b>Lake Butler, FL</b> Zip <b>32054</b>			City & State <b>Worthington Springs, FL</b> Zip <b>32697</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>27-0073643</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>ELIXSON, HENRT M 8400 SW CR-18 WORTHINGTON SPRINGS, FL 32697</b>			7. Name and Address of New Registered Agent Name <b>Elixson, Henry Mason</b> Street Address (P.O. Box Number is Not Acceptable) <b>4584 SW 110th Lane</b> City <b>Lake Butler, FL</b> Zip Code <b>32054</b>		
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 <u><i>Henry Mason - Elixson</i></u> DATE <u><i>4/4/05</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ELIXSON, HENRY M 8400 SW CR-18 WORTHINGTON SPRINGS, FL 32697</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P/V/T/S/D/C/M Elixson, Henry Mason 4584 SW 110th Lane Lake Butler, FL 32054</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Henry Mason - Elixson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u><i>4/4/05</i></u>		TELEPHONE: <u><i>352-317-3581</i></u>