## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P0400001268 MMI TRUCKING, INC. Principal Place of Business Mailing Address 3220 APALACHIAN TRAIL P.O. BOX 396 POLK CITY, FL 33868 POLK CITY, FL 33868 04082008 No Chq-P CR2E034 (11/05) Applied For 4. FEI Number 56-2423677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATKINSON, JOHN T JR. DO NOT WRITE 3220 APALACHIAN TRAIL POLK CITY, FL 33868 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 1 Added to Fees . After May 1, 2008 Fee will be \$550.00 10. JITLE ATKINSON, JOHN T JR. NAME STREET ADDRESS 3220 APALACHIAN TRAIL POLK CITY, FL 33868 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS OONOT WRITE CITY-ST-ZIP IN THIS SPACE DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**FILED**