

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 8:00 am
Secretary of State

04-12-2005 90126 050 ***150.00

DOCUMENT # P04000002152 1. Entity Name HARVISON TRUCKING, INC.	
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Principal Place of Business 13611 BEARS DEN TRAIL RIVERVIEW, FL 33569	Mailing Address 13611 BEARS DEN TRAIL RIVERVIEW, FL 33569
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66016585



01052005 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0856669	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARVISON, RONALD E 13611 BEARS DEN TRAIL RIVERVIEW, FL 33569

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IN THIS SPACE**

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: Ronald E. Harvison, Ronald E. Harvison Pres. 4/4/05
(NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HARVISON, RONALD E 13611 BEARS DEN TRL RIVERVIEW, FL 33569
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IN THIS SPACE**

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: Ronald E. Harvison, RONALD E. HARVISON, Pres. 5/2/05 (813) 633-3128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ORIGINAL