2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

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DOCUMENT # P04000014381

1. Entity Name
BEN CHRISTIE'S TRUCKING, CORP.

Principal Place of Business	Mailing Address
5043 NINTH STREET ZEPHYRILLS, FL 33532-2178	5043 NINTH STREET ZEPHYRILLS, FL 33532-2178

2. Principal Place of Business	3. Mailing Address	
5043 9th Street	5043 9th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Zephyrhills, FL	City & State: Zephyrhills, FL	4. FEI Number: 35-2223793 ☐ Applied For ☐ Not Applicable
Zip: 33542-2178 Country:	Zip: 33542-2178 Country:	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTIE, BENJAMIN 5043 NINTH STREET ZEPHYRILLS, FL 33532-2178	Name: Benjamin Christie Street Address (P.O. Box Number is Not Acceptable): 5043 9th Street City: Zephyrhills FL Zip Code: 33542-2178

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTIE, BENJAMIN 5043 NINTH STREET ZEPHYRILLS, FL 335322178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christie, Benjamin 5043 9th Street Zephyrhills, FL 33542-2178 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTIE, ALEASE 5043 NINTH STREET ZEPHYRILLS, FL 335322178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christie, Alease 5043 9th Street Zephyrhills, FL 33542-2178 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Benjamin F Christie - Benjamin F Christie 2/15/05 813-779-1765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #