

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-28-2005 90350 001 ***300.00

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # P04000026498 1. Entity Name TALLAHASSEE TRUCKS AND TRAILS, INC. | | | | | |
| Principal Place of Business 3124 WEST TENNESSEE STREET TALLAHASSEE, FL 32304 | | | Mailing Address 3124 WEST TENNESSEE STREET TALLAHASSEE, FL 32304 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 42-1617541 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GARDNER, CHARLES R 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308 | | | | 7. Name and Address of New Registered Agent Name Jeanne Johnson Street Address (P.O. Box Number is Not Acceptable) 3124 W Tennessee St City Tallahassee FL Zip Code 32304 | |
| 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 Jeanne Johnson <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | Jeanne Johnson <small>(NOTE: Registered Agent signature required when releasing)</small> | | DATE 4-26-05 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 | | 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 NAME STREET ADDRESS CITY - ST - ZIP | President EUGENE W CHANDLER 592 HICKORY LANE HAVANA FL 32333-0000 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT BRENT O MOORE 2112 DORAL DR TALLAHASSEE FL 32312 | | 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)(f), 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: Brent Moore <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 4-26-05 8505750550 <small>Date Daytime Phone #</small> | | |

66019377



04262005 Chg-P CR2E034 (10/03)