
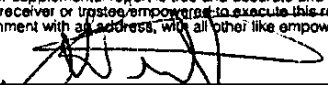


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90972 003 \*\*\*150.00

<b>DOCUMENT # P04000036991</b>			
1. Entity Name <b>KW &amp; SONS TRUCKING, INC</b>			
Principal Place of Business <b>106 PIMLICO WAY ROYAL PALM BEACH, FL 33411</b>		Mailing Address <b>106 PIMLICO WAY ROYAL PALM BEACH, FL 33411</b>	
2. Principal Place of Business <b>18463 93rd Rd N</b>		3. Mailing Address <b>18463 93rd Rd N</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Loxahatchee, FL</b>		City & State <b>Loxahatchee, FL</b>	
Zip <b>33470</b>		Zip <b>33470</b>	
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>	
4. FEI Number <b>59-3782579</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HOLZ, JOHN T 1084 RAINTREE LANE WELLINGTON FL FL 33411</b>		7. Name and Address of New Registered Agent <b>John Holz 3657 Westgate Ave W Palm Beach FL Zip Code 33409</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	P WHYTE, KERRITH 106 PIMLICO WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18463 93rd Rd North Loxahatchee, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHYTE, MARSHA 106 PIMLICO WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18463 93rd Rd North Loxahatchee, FL 33420 <input checked="" 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 all address, with all other like empowered.			
SIGNATURE: 		5/24/05 561-719-5666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	