



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P04000041175 1. Entity Name BE-THERE TRUCKING, INC. |  |
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| Principal Place of Business 21446 MEMORY LANE SANDERSON, FL 32087 US | Mailing Address P O BOX 312 MACCLENNY, FL 32063 US |
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DO NOT WRITE IN THIS SPACE

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|  | |
| 02082008 | No Chg-P CR2E034 (11/05) |
| 4. FEI Number 20-0879210 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

REWIS, TERRY A
 21446 MEMORY LANE
 SANDERSON, FL 32087

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000926551
 02/21/08 88854 010 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS REWIS, TERRY A P O BOX 312 MACCLENNY, FL 32063 |
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12. I hereby 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 persons empowered.

SIGNATURE: Terry A. Rewis **Terry A. Rewis** 2-8-08 904 6531656
Signature and typed or printed name of signing officer or director Date Daytime Phone #