


2005 **FOR PROFIT CORPORATION** 2005
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90002 001 ***150.00

DOCUMENT # P04000044883	
1. Entity Name SGT. HOGWOOD TRUCKING, INC.	

DO NOT WRITE IN THIS SPACE

50001650

2. Principal Place of Business 9980 WEST ELM LANE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIRAMAR FLORIDA	City & State
Zip 33025	Country BROWARD

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 06-1720981	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name - WAYNE A. GREGORY	
Street Address (P.O. Box Number is Not Acceptable) 9980 WEST ELM LANE		
City MIRAMAR		Zip Code FL 33025

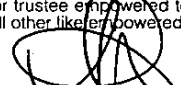
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **1/1/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature is required for all filings.) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ABIGAIL LYON 9331 EAST ELM LANE MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT TONIE WHITE- GREGORY 9980 WEST ELM LANE MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR WAYNE A. GREGORY 9980 WEST ELM LANE MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like information.

SIGNATURE:  **ABIGAIL LYON, PRESIDENT** **1/1/05** **954-433-5146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)