


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000047824		
1. Entity Name KENNEY TRUCKING, INC.		

Principal Place of Business 13401 SUTTON PARK DRIVE SOUTH APT. 913 JACKSONVILLE, FL 32224	Mailing Address 13401 SUTTON PARK DRIVE SOUTH APT. 913 JACKSONVILLE, FL 32224
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2. Principal Place of Business 4858 Parkhurst PL	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State
Zip 32256	Country

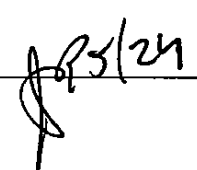
6. Name and Address of Current Registered Agent KENNEY, DAVID R 13401 SUTTON PARK DRIVE SOUTH APT. 913 JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name: David R Kenney Street Address (P.O. Box Number is Not Acceptable): 4858 Parkhurst PL City: Jacksonville FL Zip Code: 32256	
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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:  David R Kenney DATE: 4-20-06

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

FILE NOW!!! FEE IS \$900.00	500075547235 05/31/06--01014--015 ***908.75
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KENNEY, DAVID R 13401 SUTTON PARK DRIVE SOUTH APT. 913 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST David R Kenney 4858 Parkhurst PL Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:  David R Kenney DATE: 4-20-06 Daytime Phone #: 904-610-3203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
06 MAY 17 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072006 LG REIN-P (CR2E098 (11/05) 05-06