2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

Pencipal Place of Business Mailing Address 39655 MEADOWOOD LOOP 2EPHKYINLLS, FL 33542 2. Principal Place of Business 3. Mailing Address 39655 MEADOWOOD LOOP 2EPHKYINLS, FL 33542 2. Principal Place of Business 3. Mailing Address 39655 MEADOWOOD LOOP 2EPHKYINLS, FL 33542 39655 MEADOWOOD LOOP 2EPHKYINLS, FL 33542 39655 MEADOWOOD LOOP 2EPHKYINLS, FL 33542 39655 MEADOWOOD LOOP 3966600 396660 396660 396660 396660 396660 396660 39666	DOCUMENT # P0400063371 1. Entity Name TONER TRUCKING, INC.				04-20-2005	90315 026 ***150	.00	
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S. Name and Address of Current Registered Agent H.B. ROSS & CO. 5243 GALL BLVD SUITE 4 ZEPHYRHILLS, FL 33542 City File NoWIII: FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 TONER, CHARLES SIREST ADDRESS CO. 57851 Address (P.O. Box Number is Not Acceptable) 10. OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS TONER, CHARLES SIREST ADDRESS CITY-S1-2P TONER, SANDRA SIREST ADDRESS CITY-S1-2P TONER, SANDRA SIREST ADDRESS CITY-S1-2P TITLE OEdde ITTLE OEDDE OEDD	City & State	ity & State City & State		4. FEI Numbe 20 -	1017167	1 	<u></u>	
Name	Zip Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional				
H.B. ROSS & CO. 5243 GALL BLVD SUITE 4 ZEPHYRHILLS, FL 33542 City FL Zip Code The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the o	6. Name and Address of Current	Registered Agent		7. Name and	Address of New I	Registered Agent		
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ZEPHYRHILLS, FL 33542 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Segulate, fined or primed name(of registered agent) SEGNATURE Segulate, fined or primed name(of registered agent) Segulate, fined or primed name(of registered agent) PLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee with the \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE P. Change Addition NAME STREET ADDRESS CITY-ST-2IP TITLE Delete ITILE Delete ITILE Delete Delete	5243 GALL BLVD		Street Address	(P.O. Box Numbe	r is Not Acceptabl	le) .		
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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee with be \$550.00 Prust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE TONER, CHARLES 39655 MEADOWOOD LOOP STREET ADDRESS CITY-ST-ZIP TONER, SANDRA 39655 MEADOWOOD LOOP ZEPHRYHILLS, FL 33542 CITY-ST-ZIP TONER, SANDRA 39655 MEADOWOOD LOOP ZEPHRYHILLS, FL 33542 Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME AMME STREET ADDRESS CITY-ST-ZIP AMME AMME STREET ADDRESS CITY-ST-ZIP AMME								
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12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that it en 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 cath; 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SUBSCIONATION OF DAILS DAI