

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000068530

1. Entity Name  
PURE COUNTRY TRUCKING INC



FILED  
05 OCT 12 PM 6:02

Principal Place of Business  
2371 SE SHADY CIRCLE  
ARCADIA, FL 34266

Mailing Address  
2371 SE SHADY CIRCLE  
ARCADIA, FL 34266

2. Principal Place of Business

2371 SE Shady Circle  
Suite, Apt. #, etc.

3. Mailing Address

same as above  
Suite, Apt. #, etc.

City & State

Arcadia FL

Zip

34266

Country

USA

City & State

Zip

Country

4. FEI Number

# Applied For -

X Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESTES, MARYANN  
2371 SE SHADY CIRCLE  
ARCADIA, FL 34266

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: *Mary Ann Estes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Oct. 1, 05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ESTES, MARYANN	
STREET ADDRESS	2371 SE SHADY CIRCLE	
CITY - ST - ZIP	ARCADIA, FL 34266	
TITLE	V	<input type="checkbox"/> Delete
NAME	ESTES, LAWRENCE	
STREET ADDRESS	2371 SE SHADY CIRCLE	
CITY - ST - ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000060545890
CITY - ST - ZIP	10/12/05--01041--006 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 an address, with all other like empowered.

SIGNATURE: *Mary Ann Estes Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 1, 05 8634941049

Date

Daytime Phone #