

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000070638

1. Entity Name
KPC TRUCKING INC



Principal Place of Business
**10560 N CR 125
GLEN ST MARY, FL 32040 US**

Mailing Address
**10560 N CR 125
GLEN ST MARY, FL 32040 US**



04162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1245025

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COMBS, PENELOPE
10560 N CR 125
GLEN ST MARY, FL 32040**

**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

Penelope A. Combs

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

(NOTE: Registered Agent signature required when reinstating)

April 17, 2006

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COMBS, FRED
STREET ADDRESS	10560 N CR 125
CITY-ST-ZIP	GLEN ST MARY, FL 32040

TITLE	SEC
NAME	COMBS, PENELOPE
STREET ADDRESS	10560 N CR 125
CITY-ST-ZIP	GLEN ST MARY, FL 32040

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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05/09/06-80003-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Fred Combs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

DATE

(904) 259-9606

DAYTIME PHONE #