


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90115 047 ***150.00

DOCUMENT # P04000095182					
1. Entity Name BIMINI TRUCKING, INC.					
Principal Place of Business 901 EAST LAMBERT BUNNELL, FL 32110			Mailing Address PO BOX 2561 BUNNELL, FL 32110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1285719	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNEY, CHARLES M JR 901 EAST LAMBERT BUNNELL, FL 32110			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNEY, CHARLES M JR		NAME	BARNEY, CHARLES M JR	
STREET ADDRESS	PO BOX 2561		STREET ADDRESS	PO BOX 2561	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KAREN A. BARNEY	
STREET ADDRESS			STREET ADDRESS	PO BOX 2561	
CITY-ST-ZIP			CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Charles M Barney Jr</i>			Date: 04/19/06		Daytime Phone #: 386 931-4854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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