## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000103008

Entity Name: MUTTMIX TRUCKING INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Busines	
	ss:
41042 PENN AVE LYNN HAVEN, FL 32414 410 PENNSYLVANIA AVE LYNN HAVEN, FL 32444	
Current Mailing Address: New Mailing Address:	
PO BOX 8582 410 PENNSYLVANIA AVE SOUTHPORT, FL 32409 LYNN HAVEN, FL 32444	
FEI Number: 20-1399616 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certification	ate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Reg	gistered Agent:
MUTTER, PAMELA M 8023 RILEY RD SOUTHPORT, FL 32409 US	
The above named entity submits this statement for the purpose of changing its registered office or r in the State of Florida.	registered agent, or both,
The above named entity submits this statement for the purpose of changing its registered office or r in the State of Florida.	registered agent, or both,
The above named entity submits this statement for the purpose of changing its registered office or r in the State of Florida.	registered agent, or both,  Date
The above named entity submits this statement for the purpose of changing its registered office or rin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent	
The above named entity submits this statement for the purpose of changing its registered office or rin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).	Date
The above named entity submits this statement for the purpose of changing its registered office or rin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).	Date FICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA M. MUTTER D 04/11/2005