2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000106162

1. Entity Name

A.K. LEWIS TRUCKING, INC.



Principal Place of Business

1341 GOLFVIEW DR. PEMBROKE PINES, FL 33026 Mailing Address
1341 GOLFVIEW DR.
PEMBROKE PINES, FL 33026

FILED Apr 02, 2007 08:00 AM Secretary of State



01052007

No Cha-P

CR2E034 (11/05)

4.	FEI Number	
	90-0189289	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, KIRBY 1341 GOLFVIEW DR. PEMBROKE PINES, FL 33026

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The above named entity submits this statement for the the obligations of registered agent.	purpose of cha	anging its registered office o	r registered agent, or both, in the S	State of Florida. I am familiar with, a	nd accept
Signature Signature, typed or profed name of registered agent and the	le if applicable.	(NOTE: Registered Agent signa	ure required when reinstating)	DATE	
	9 Election	n Campaign Financing	\$5.00 uo-		

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME LEWIS, KIRBY STREET ADDRESS 1341 GOLFVIEW DR. CITY-ST-ZIP PEMBROKE PINES, FL 33026 LEWIS, IVY A NAME STREET ADDRESS 1341 GOLFVIEW DR. DITY-ST-ZIP PEMBROKE PINES, FL 33026 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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04/10/07-80064-014 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07 (95) 436-89/4