

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000106543

1. Entity Name  
SUPREME TRUCKING, INC.



FILED

07 JAN 11 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
285 NE 185TH ST - BAY #15  
N MIAMI BEACH, FL 33179

Mailing Address  
285 NE 185TH ST - BAY #15  
N MIAMI BEACH, FL 33179



2. Principal Place of Business - No P.O. Box #  
285 N.E. 185TH STREET

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
BAY 28TH

Suite, Apt. #, etc.

01022007 Chg-P CR2E034 (12/06) 07

City & State  
NORTH MIAMI BEACH, FL

City & State

4. FEI Number  
56-2467597

Applied For  
Not Applicable

Zip  
33179

Country  
MIAMI-DADE

Zip

Country

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

## 6. Name and Address of Current Registered Agent

WILLIAMSON, HERBERT  
285 NE 185TH ST - BAY 15  
N MIAMI BEACH, FL 33179

## 7. Name and Address of New Registered Agent

Name  
KEN KINCAID  
Street Address (P.O. Box Number is Not Acceptable)  
285 N.E. 185TH STREET BAY 28TH

City  
NORTH MIAMI BEACH FL Zip Code  
33179

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 *Ken Kincaid* KEN KINCAID 1-03-07  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME PVS ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP WILLIAMSON, HERBERT  
285 NE 185TH ST - BAY 15  
N MIAMI BEACH, FL 33179

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PRESIDENT ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP KEN KINCAID  
285 N.E. 185TH STREET BAY 28TH  
NORTH MIAMI BEACH, FL 33179

TITLE  
NAME SECRETARY-TREASURER ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP JOHN DRANE  
285 N.E. 185TH STREET BAY 28TH  
NORTH MIAMI BEACH, FL 33179

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP 300084735943  
01/17/07--01028--028 \*\*150.00

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: *Ken Kincaid* PRESIDENT 1-03-07 786-282-7483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #