


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127076		
1. Entity Name CHAIRES DUMP TRUCK & TRACTOR SERVICE INC.		

Principal Place of Business 4483 CHAIRES CROSS RD TALLAHASSEE, FL 32317	Mailing Address 4483 CHAIRES CROSS RD TALLAHASSEE, FL 32317
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2. Principal Place of Business 55 Eagle Court LN Suite, Apt. #, etc.	3. Mailing Address 55 Eagle Court LN Suite, Apt. #, etc.
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City & State Havana FL	City & State Havana FL
Zip 32333	Zip 32333
Country GARDEN	Country GARDEN

FILED
05 MAY 27 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05272005 Chg-P CR2E034 (10/03)

4. FEI Number 41-2151013	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAIRES, LESIA R 4483 CHAIRES CROSS RD TALLAHASSEE, FL 32317	7. Name and Address of New Registered Agent Name Kevin chaires Street Address (P.O. Box Number is Not Acceptable) 55 Eagle court LN City Havana FL FL Zip Code 32333
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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.

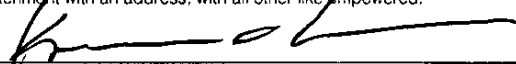
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAIRES, KEVIN R 4483 CHAIRES CROSS RD TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400055970064 06/09/05--01031--022 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Date May 27, 05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR