


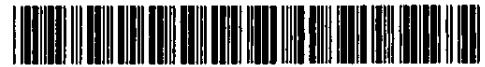
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000136797 1. Entity Name L & T PERKINS TRUCKING, INC.	
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Principal Place of Business 39214 LIZABETH CIRCLE ZEPHYRHILLS, FL 33542	Mailing Address 39214 LIZABETH CIRCLE ZEPHYRHILLS, FL 33542
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1697554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERKINS, LARRY 39214 LIZABETH CIR ZEPHYRHILLS, FL 33542

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERKINS, LARRY E 39214 LIZABETH CIRCLE ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERKINS, T AMMY 39214 LIZABETH CIRCLE ZEPHYRHILLS, FL 33542
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05/30/08-80005-001 150.00

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IN THIS SPACE**

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:  4/29/08 (813) 355-6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #