2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000152576 1. Entity Name DENNIS L. BRADLEY TRUCKING, INC. Principal Place of Business Mailing Address 629 3RD AVENUE NORTH **629 3RD AVENUE NORTH**



FILED Feb 14, 2008 8:00 am Secretary of State

02-14-2008 90027 005 ***150.00

CR2E034 (11/05)

	- 1 0 1 1 1 1 1 1 1 1	FRE 8 () 18 8 16 8 16 8 1 16 8 1
والمستحدين والمستحدين والمستحدين	 - — 1 1881/1883 Eth Benih min it sann nahih eniah mash bitin hi	FBL BYNY (bylo bynog) ii (gb)

02112008

DO NOT WRITE IN THIS SPACE

O anni Bredler SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKSONVILLE, FL 32250

-	-
4. FEI Number	Applied For
20-1871055	Not Applicable
E. Codificate of Status Docinal	\$8.75 Additional

Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, DENNIS L 629 3RD AVENUE NORTH JACKSONVILLE, FL 32250

the obligations of registered agent.

JACKSONVILLE, FL 32250

DO NOT WRITE IN THIS SPACE

No Chg-P

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Efection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRADLEY, DENNIS L 629 3RD AVE. N. JACKSONVILLE, FL 32250					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				and the second s		
NAME STREET ADORESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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.						

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