

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000010023**

1. Entity Name  
 KELLY DURRANCE LIVESTOCK HAULING, INC.



Principal Place of Business  
 1314 POPASH ROAD  
 WAUCHULA, FL 33873

Mailing Address  
 1314 POPASH ROAD  
 WAUCHULA, FL 33873



07272007 No Chg-P CR2E03A (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-2209723

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

DURRANCE, WILLARD K JR  
 2167 S.R. 66  
 ZOLFO SPRINGS, FL 33890

**DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

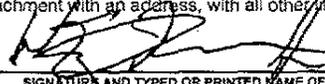
**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	DURRANCE, WILLARD K JR
STREET ADDRESS	1314 POPASH ROAD
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000772630  
 08/23/07-80002-020 550.00

**DO NOT WRITE 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:**  **08/20/07** **18637810025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #