

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90022 025 ***150.00

DOCUMENT # P05000021218 1. Entity Name TEN POINT TRUCKING INC.					
Principal Place of Business 39205 BAY AVENUE CRYSTAL SPRINGS, FL 33524 US				Mailing Address 39205 BAY AVENUE CRYSTAL SPRINGS, FL 33524 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <div style="text-align: center;"><i>P.O. Box 4</i></div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Crystal Springs, FL</i>			
Zip	Country	Zip <i>33524</i>	Country <i>US</i>		
6. Name and Address of Current Registered Agent GRAY, JODIE 39205 BAY AVENUE CRYSTAL SPRINGS, FL 33524				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, CHARLES P.O. BOX 4 CRYSTAL SPRINGS, FL 33524 <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	VP BISTON, CLYDE P.O. BOX 1299 CRYSTAL SPRINGS, FL 33524 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Jodie L. Gray</i> <i>3/12/07</i> <i>813 714-5257</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					