

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90028 042 \*\*\*150.00

<b>DOCUMENT # P05000021218</b>					
<b>1. Entity Name</b> TEN POINT TRUCKING INC.					
<b>Principal Place of Business</b> 39205 BAY AVENUE CRYSTAL SPRINGS, FL 33524    US			<b>Mailing Address</b> P.O. BOX 4 CRYSTAL SPRINGS, FL 33524    US		
<b>2. Principal Place of Business - No P.O. Box #</b> 39646 Fig Street Suite, Apt. #, etc.			<b>3. Mailing Address</b> PO BOX 1299 Suite, Apt. #, etc.		
<b>City &amp; State</b> Crystal Springs, FL			<b>City &amp; State</b> Crystal Springs, FL		
<b>Zip</b> 33524		<b>Country</b> USA		<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GRAY, JODIE 39205 BAY AVENUE CRYSTAL SPRINGS, FL 33524				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> GRAY, CHARLES <b>STREET ADDRESS</b> P.O. BOX 4 <b>CITY-ST-ZIP</b> CRYSTAL SPRINGS, FL 33524	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> PO Box 1299 <b>CITY-ST-ZIP</b> Crystal Springs, FL 33524	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> BISTON, CLYDE <b>STREET ADDRESS</b> P.O. BOX 1299 <b>CITY-ST-ZIP</b> CRYSTAL SPRINGS, FL 33524	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> GRAY, JODIE <b>STREET ADDRESS</b> 39205 BAY AVENUE <b>CITY-ST-ZIP</b> CRYSTAL SPRINGS, FL 33524	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> GRAY, JODIE <b>STREET ADDRESS</b> 39205 BAY AVENUE <b>CITY-ST-ZIP</b> CRYSTAL SPRINGS, FL 33524	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DIR <b>NAME</b> GRAY, CHARLES <b>STREET ADDRESS</b> P.O. BOX 4 <b>CITY-ST-ZIP</b> CRYSTAL SPRINGS, FL 33524	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> PO Box 1299 <b>CITY-ST-ZIP</b> Crystal Springs, FL 33524	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DIR <b>NAME</b> BISTON, CLYDE <b>STREET ADDRESS</b> P.O. BOX 1299 <b>CITY-ST-ZIP</b> CRYSTAL SPRINGS, FL 33524	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Charles L. Gray</i> <b>President</b> <b>4/1/08</b> <b>813-783-1688</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					