

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

06 JUN 12 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000058617 1. Entity Name MELVIN TRUCKING, INC.					
Principal Place of Business 4915 ARLINGTON ROAD PALMETTO, FL 34221 US			Mailing Address 4915 ARLINGTON ROAD PALMETTO, FL 34221 US		
2. Principal Place of Business 24021 Jennings Road Suite, Apt. #, etc.		3. Mailing Address 24021 Jennings Road Suite, Apt. #, etc.			
City & State Myakka City Fl.		City & State Myakka City Fl.		4. FEI Number 20-2766890	
Zip 34251		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMS, LAURIE B ESQ. 2815 PROCTOR ROAD SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Kenneth Hoogerheyde Street Address (P.O. Box Number is Not Acceptable) 24021 Jennings Road City Myakka City FL Zip Code 34251		
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 <u><i>[Signature]</i></u> DATE <u>6-8-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	PST HUSEBY, MICHELE 4915 ARLINGTON ROAD PALMETTO, FL 34221 <input checked="" 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 HOOGHERHEYDE, KENNETH 24021 JENNINGS ROAD MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Hoogerheyde, Kenneth 24021 Jennings Road Myakka City, FL 34251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6-8-06</u> Daytime Phone # <u>941-356-1971</u>		