

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000065587

1. Entity Name  
EVERETT TRUCKING INC.



Principal Place of Business

320 CARISSA DRIVE  
PAHOKEE, FL 33476

Mailing Address

PO BOX 285  
PAHOKEE, FL 33476

**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**



08272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0752015

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 32301-2960

**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 \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME EVERETT, ANTHONY  
STREET ADDRESS 320 CARISSA DRIVE  
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE VP  
NAME EVERETT, LINDA  
STREET ADDRESS 320 CARISSA DRIVE  
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE S  
NAME GILMORE, EVA  
STREET ADDRESS 320 CARISSA DRIVE  
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE T  
NAME EVERETT, LINDA  
STREET ADDRESS 320 CARISSA DRIVE  
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000958588  
08/29/08-80003-005 150.00

**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: Anthony Everett, Anthony Everett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/08

Day

361-261-7797

Daytime Phone #