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Jan 08, 2007 8:00 am
Secretary of State
01-08-2007 90247 022 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000164982

1. Entity Name
GKS TRUCKING, INC.

40000155

Principal Place of Business	Mailing Address
P.O. BOX 430 JAY, FL 32565	P.O. BOX 430 JAY, FL 32565

01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business (No P.O. Box #)	3. Mailing Address
5160 O.1 Plant Rd	PO Box 430
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jay FL	City & State: Jay FL
Zip: 32565 County: US	Zip: 32565 County: US

4. FEI Number: 20-3967674 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALTER, GEORGE K 6825 OAK STREET MILTON, FL 32570	Name: John Ducker a Company Street Address (P.O. Box Number is Not Acceptable): 6825 Oak Street City: Milton FL Zip Code: 32570

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: John Ducker 1/8/07
Signature of new registered agent, if appointed — Date

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Pt. 1)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SALTER, GEORGE K P.O. BOX 430 JAY, FL 32565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: VP Doris D Salter 5160 O.1 Plant Rd Jay FL 32565 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Doris D Salter Doris D Salter 1-5-07 850-675-0202
Signature — Date — Telephone Number