2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

IGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Aug 23, 2007 08:00 AN Secretary of State DOCUMENT # P05000165291 1. Entity Name ROUSE PIGOTT TRUCKING INC. Principal Place of Business Mailing Address P.O. BOX 177 P.O. BOX 177 CRAWFORDVILLE FL 32326 CRAWFORDVILLE FL 32326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #\_etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number 20-3892820 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIGOTT, DEWEY R. Street Address (P.O. Box Number is Not Acceptable) 4432 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE FL 32327 City 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 Flonda. 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 signuture required when reinsighing) DATE S 607.193(2)(b), F.S., allows for the warver or would late fee. By checking this box, the corporation certifies it prior notice. Fee to file is \$150.00. FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THE ☐ Change PIGOTT, DEWEY R. NAME NAME U00000772588 STREET ADDRESS P.O. BOX 177 STREET ADDRESS 08/23/07-80001-003 150.00 CITY-ST-ZIP CRAWFORDVILLE FL 32326 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition MARKE MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THIF Change Addition NAME MAME STREET ADDRESS STREET ADDRESS פוב בז-ידון ديور وعيوه Delete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-789 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CRY-ST-ZP Change Change □ Addition ☐ Delete RILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-TIP CITY-ST-ZIP 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 of 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.

Daysma Phone #