FILED
Feb 14, 2007 8:00 am
Secretary of State
01-22-2007 90075 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000023450

1. Entity Name
BARRETT BROWN TRUCKING SERVICES INC

66001471

01162007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
326 SE 5TH AVENUE TRENTON, FL 32693	PO BOX 1930 TRENTON, FL 32693

2. Principal Place of Business - No P.O. Box # 6250 SW 20th ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Bell FL	City & State
Zip 32619 Country US	Zip Country

4. FEI Number 20-4331257 ☐ 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
BROWN, RODNEY B 326 SE 5TH AVENUE TRENTON, FL 32693	Name Rodney Barrett Brown Street Address (P.O. Box Number is Not Acceptable) 6250 SW 20th ST City Bell FL Zip Code 32619

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] 1-16-07
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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PD BROWN, RODNEY B 326 SE 5TH AVENUE TRENTON, FL 32693	☒ Delete	President Rodney Barrett Brown 6250 SW 20 ST Bell FL 32619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/TD BROWN, VICKY M 326 SE 5TH AVENUE TRENTON, FL 32693	☒ Delete	Secretary/Treasure Vicky Malana Brown 6250 SW 20 ST Bell FL, 32619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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 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: [signature] 1-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #