

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041016

Entity Name: MC GINLEY TRUCKING, INC.

FILED
May 13, 2008
Secretary of State

Current Principal Place of Business:

14664 PRESERVE LANDING DR
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

14664 PRESERVE LANDING DR
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 83-0452567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINLEY, KIMBERLY
14664 PRESERVE LANDING DR
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: MCGINLEY, KIMBERLY
Address: 14664 PRESERVE LANDING DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPT () Delete
Name: MCGINLEY, RAY
Address: 14664 PRESERVE LANDING DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: MCGINLEY, KIMBERLY
Address: 14664 PRESERVE LANDING DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: DOCKERY, WILLIAM
Address: 374 PONCE BLVD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MCGINLEY

P/S

05/13/2008

Electronic Signature of Signing Officer or Director

Date