

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

04-30-2007 90444 049 ***150.00
07-26-2007 90030 025 ***150.00

DOCUMENT # P06000066993

1. Entity Name
SPEARS TRUCKING, INC



Principal Place of Business
5129 NW 37 COURT
BELL, FL 32619

Mailing Address
P.O. BOX 513
BELL, FL 32619

40127193



2. Principal Place of Business - No P.O. Box #
3650 NW 52ND PLACE

3. Mailing Address
Suite, Apt. #, etc.

City & State
Bell, FL
Zip
32619

City & State
Zip
Country

07232007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4869323

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPEARS, JONATHAN L
5129 NW 37 COURT
BELL, FL 32619

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE Jonathan L. Spears

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/25/07

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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 P
NAME SPEARS, JONATHAN L
STREET ADDRESS 5129 NW 37 COURT
CITY- ST- ZIP BELL, FL 32619 ☐ Delete

TITLE VP
NAME SPEARS, BRANDY
STREET ADDRESS 5129 NW 37 COURT
CITY- ST- ZIP BELL, FL 32619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3650 NW 52ND PLACE ☒ Change ☐ Addition
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS 3650 NW 52ND PLACE ☒ Change ☐ Addition
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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 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: Jonathan L. Spears
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/07

DATE

352-463-2300

Displaying Name #

Jonathan L. Spears