
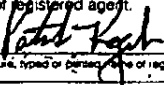



FILED
Jun 13, 2008 8:00 am
Secretary of State

05-21-2008 90021 042 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000092963		
1. Entity Name PATRICK KOGUT TRUCKING INC		
Principal Place of Business 601 E MACCLENNY AVE MACCLENNY, FL 32063		Mailing Address 601 E MACCLENNY AVE MACCLENNY, FL 32063
DO NOT WRITE IN THIS SPACE		
04102008 No Chg-P CR2E034 (11/05)		
4. FEI Number 20-5501838		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KOGUT, PATRICK 601 E MACCLENNY AVE MACCLENNY, FL 32063		DO NOT WRITE IN THIS SPACE
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  <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 6/22/08
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOGUT, PATRICK 601 E MACCLENNY AVE MACCLENNY, FL 32063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KOGUT, BRENDA 601 E MACCLENNY AVE MACCLENNY, FL 32063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  Patrick Kogut		Date 6/10/08 Daytime Phone # (904) 803-3104