

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129675

Entity Name: PITTS TRUCKING INC

FILED  
May 04, 2007  
Secretary of State

## Current Principal Place of Business:

2244 SHADY HOLLOW LN  
CARYVILLE, FL 32425 US

## New Principal Place of Business:

2244 SHADY HOLLOW LN  
BONIVAY, FL 32425 US

## Current Mailing Address:

2244 SHADY HOLLOW LN  
CARYVILLE, FL 32425 US

## New Mailing Address:

2244 SHADY HOLLOW LN  
BONIFAY, FL 32425 US

FEI Number: 20-5979760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PITTS, CHARLES E  
2244 SHADY HOLLOW LN  
CARYVILLE, FL 32425 US

## Name and Address of New Registered Agent:

PITTS, CHARLES E  
2244 SHADY HOLLOW LN  
BONIFAY, FL 32425 US

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:

05/04/2007

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 ( ) Delete  
Name: PITTS, CHARLES E  
Address: 2244 SHADY HOLLOW LN  
City-St-Zip: CARYVILLE, FL 32425 US

Title: S/T ( ) Delete  
Name: PITTS, LINDA S  
Address: 2244 SHADY HOLLOW LN  
City-St-Zip: CARYVILLE, FL 32425 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PITTS, CHARLES E  
Address: 2244 SHADY HOLLOW LN  
City-St-Zip: BONIFAY, FL 32425 US

Title: S/T (X) Change ( ) Addition  
Name: PITTS, LINDA S  
Address: 2244 SHADY HOLLOW LN  
City-St-Zip: BONIFAY, FL 32425 US

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: TODD ADKISON

CPA

05/04/2007

Electronic Signature of Signing Officer or Director

Date