


<b>DOCUMENT # P06000129900</b> 1. Entity Name <b>75 TRUCKING, INC</b>		
Principal Place of Business <b>10775 BRENDLE ROAD</b> <b>MYAKKA CITY, FL 34251</b>		Mailing Address <b>10775 BRENDLE ROAD</b> <b>MYAKKA CITY, FL 34251</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country	
<b>6. Name and Address of Current Registered Agent</b>		
<b>KELLY, THOMAS</b> <b>10775 BRENDLE ROAD</b> <b>MYAKKA CITY, FL 34251</b>		Name  Street Address   City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5 Ad</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <b>KELLY, THOMAS</b> <b>10775 BRENDLE ROAD</b> <b>MYAKKA CITY, FL 34251</b> <input type="checkbox"/> Delete	<b>11.</b> TITLE NAME STREET ADDRESS CITY- ST- ZIP
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.</b>		
<b>SIGNATURE:</b> <i>Thomas W Kelly</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		