FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -5 AM 10:28

DOCUMENT # P07000009167

1. Entity Name

NELLIE BOYZ TRUCKING INC

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000184045580
08/05/10--01009--030 **150.00

CR2E034B (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number	
4398 W COLONIAL DR	4398 W COLONIAL DR	20-8393440	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: ORLANDO FL	City & State: ORLANDO FL		
Zip: 32808 Country: U.S.A. ~~ORANGE~~	Zip: 32808 Country: USA.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: STENNETT KNIGHT

Street Address (P.O. Box Number is Not Acceptable)

1228 SESAME ST.

City: OPA LACKA FL Zip Code: 33054

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: _____ 8/1/10

Signature required of named registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	STENNETT KNIGHT
STREET ADDRESS	1228 SESAME ST.
CITY-ST-ZIP	OPA LACKA, FL 33054
TITLE	SECRETARY
NAME	STENNETT KNIGHT
STREET ADDRESS	1228 SESAME ST.
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	TREASURER
NAME	PRECILLA JOHNSON KNIGHT
STREET ADDRESS	1228 SESAME ST.
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	VICE PRESIDENT
NAME	CAMILLE MCGILL
STREET ADDRESS	554 PALIO COURT
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	8/9/10

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/1/10 407-925-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #