


2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-28-2008 90002 012 ***150.00
P07000009916

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000009916			
1. Entity Name PONDEROSA TRUCKING, INC.			
Principal Place of Business 227 CEDAR ST. CRESCENT CITY, FL 32112		Mailing Address 227 CEDAR ST. CRESCENT CITY, FL 32112	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1802	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DeLand, FL	
Zip	Country	Zip	Country
32721	Volusia		
4. FEI Number 20-8277236		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, ANTHONY 227 CEDAR ST CRESCENT CITY, FL FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P CLARK, ANTHONY 227 CEDAR STREET CRESCENT CITY, FL 32112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CLARK, ANTHONY 227 CEDAR STREET CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MONICA GIBSON P.O. Box 1802 DeLand, FL 32721 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T MYLES, MARY 227 CEDAR STREET CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T MONICA GIBSON P.O. Box 1802 DeLand, FL 32721 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Anthony Clark</u>		Date: <u>8/8/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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