2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P07000012358

1. Entity Name

SCOTT EALUM TRUCKING INC



Application	2. Principal Piaco of Business - No P.O. Binx # 3. Mailing Address Suite Agil #, etc. Suite Agil #, etc. Suite Agil #, etc. 1st MOORE CR26034 (10/07) City & State Country Zop Country Applied For Piaco Suite Agil #, etc. 1st MOORE CR26034 (10/07) 20					South St.				
MODLEBURG FL 32068 MIDDLEBURG FL 32068 Middle Address	## Additional Place of Business - No P.O. Box # 3. Mailing Address Suita. Apil #. etc. 5. Suita. Apil #. etc. 1st MOORE CR26034 (10/07) Cary & State City & State City & State City & State 4. FET humber 30 - \$3.0 t	Principal Plac	ce of Business	Mailing Address						
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2. Principal Place of Susiners - No P.C. Bio. e Sulla, Apt. 6, db. 1st MOCHE CR26034 (10.07)	Suita Agit File No P.O. Box	MIDDLEBOI	14 FL 32000	MIDDLEBONG PL 320	700					
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Country	County	City & Sta	te	City & State	City & State				├ ~─	<u> </u>
Name and Address of Current Registered Agent	Second State	Zip	Country	Zip	Zip Country		_		\$8.75	dditional
Name	Name		6. Name and Address of Curre	nt Registered Agent	Registered Agent					
Street Address (P. O. Park Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)					Name			ou rigoin	
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City FL Zip Code	City FL Zip Code					Street Addres	is (P.O. Box Numt	ber is Not Acceptable)	····	
### B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the disligations of registered agent. ### STREAMONE THE NOW!!! FEE;IS \$150.00	The above named enthy submits this statement for the purcess of charging its registered agent, or both, in the State of Florida. Lam familiar with and occept the chiligations of registered agent. SIGNATURE		,							
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the reviewer or thisee 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 attact previously by address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J-JJ-08 (904) 449-3980

FILED

Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90013 046 ***150.00