2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015343

Entity Name: L/C TRUCKING OF N. FL. INC.

FILED Jan 20, 2009 Secretary of State

Entity Name: L/C IRU	CKING OF N. FL. INC.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
509 SW EMERALD ST LAKE CITY, FL 32024					
Current Mailing Address:		New Mailir	New Mailing Address:		
509 SW EMERALD ST LAKE CITY, FL 32024					
FEI Number: 30-0478618	FEI Number Applied For () FEI	Number Not Appli	icable () Certifi	cate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
CREWS, LACY 509 SW EMERALD ST LAKE CITY, FL 32024	US				
The above named entity in the State of Florida.	submits this statement for the purpo	se of changing it	s registered office or	r registered agent, or both,	
SIGNATURE:					
Electror			Date		
Election Campaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: ([Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	P () Change CREWS, EVERETTE L 509 SW EMERALD ST LAKE CITY, FL 32024	-	
Title: ([Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	VP () Change CREWS, SHERI B 509 SW EMERALD ST SANDERSON, FL 3202	e (X) Addition	

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: E. L. CREWS III P 01/20/2009