

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055985

FILED
Aug 15, 2009
Secretary of State

Entity Name: TWO WAY TRUCKING, INC.

Current Principal Place of Business:

209 S. PARSON AVE.
DELAND, FL 32720 US

New Principal Place of Business:

2114 W PARKER ST
LAKELAND, FL 33815 US

Current Mailing Address:

209 S. PARSON AVE.
DELAND, FL 32720 US

New Mailing Address:

2114 W PARKER ST
LAKELAND, FL 33815 US

FEI Number: 80-0194901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCANTARA MARTINEZ, MARIA D
209 S. PARSON AVE.
DELAND, FL 32720 US

Name and Address of New Registered Agent:

JONES, SAM
2114 W PARKER ST
LAKELAND, FL 33815 US

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.

SIGNATURE: SAM JONES

08/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALCANTARA MARTINEZ, MARIA D
Address: 209 S. PARSON AVE.
City-St-Zip: DELAND, FL 32720- US

Title: VP () Delete
Name: MARTINEZ, RAFAEL A
Address: 209 S. PARSON AVE.
City-St-Zip: DELAND, FL 32720 US

Title: TR () Delete
Name: VALCARCEL, JOSE B JR.
Address: P.O. BOX 771585
City-St-Zip: CORAL SPRINGS, FL 33855 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, SAM
Address: 4130 JACKIE DR
City-St-Zip: DOUGLASVILLE, GA 30135 US

Title: VP (X) Change () Addition
Name: VALCARCEL, JOSE B JR
Address: 2114 W PARKER ST
City-St-Zip: LAKELAND, FL 33815 US

Title: TR (X) Change () Addition
Name: JONES, KHRISTIE
Address: 4130 JACKIE DR
City-St-Zip: DOUGLASVILLE, GA 30135 US

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: SAM JONES

P

08/15/2009

Electronic Signature of Signing Officer or Director

Date