## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 09, 2007 08:00 Al Secretary of State **DOCUMENT # P93000012061** 1. Entity Name STORMS TRUCKING, INC. Principal Place of Business Mailing Address 2755 LAUREL AVE 2755 LAUREL AVE LAKE WALES, FL 33853 LAKE WALES, FL 33853 US CR2E034 (11/05) 04052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3167964 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STORMS, JACQUELYN E DO NOT WRITE 2755 LAUREL AVENUE LAKE WALES, FL 33853 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THIF STORMS, JACQUELYN NAME STREET ADDRESS 2755 LAUREL AVENUE U00000695744 04/17/07-80071-023 150.00 CITY-ST-ZIP LAKE WALES, FL 33853 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 empoye

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP