2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000034127

FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90272 036 ***150.00

Principal Place of Business 710 SEMINOLE SAID RD PLANT CITY, F1 33566 Seminole Said Plant	1. Entity Nam COTHRO	N TRUCK	ING, INC.										
Signs April etc. Signs	710 SEMINOLE SAND RD			710 SEMINOLE SAND F	710 SEMINOLE SAND RD			20046415					
COUNTY States County System County System Special New Registered Agent Special Address of Current Registered Agent Special Address of System System Special Address of System Spec	900 Old Cambee Rd 900 Old Cambee							- Apple Translation					
Second S	Box 1768			Box 1768						CR2E		plied For	
S. Name and Address of Gurrent Registered Agent COTHRON, GAIL 71 OSEMINOLE SAND RD PLANT CITY, FL 33566 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 Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both in the State of Fiorida. I am familiar with, and accept the obligations of reg	Zip	T	L ' .	Zip	Zip Count			5. Certificate of Status Desired \$			\$8.75 Add	litional	
COTHRON, GAIL 710 SEMINOLE SAND RD PLANT CITY, FL 33566 8. The above named entity submits this statement for the purpose of changing its registered office or registered office	3000				<u> </u>	> r<		7. Name and	d Address of Nev	/ Registered		-	
## PLANT CITY, FL 33566 City Ale Land FL 75,500	\-					1			·				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	710 SEMINOLE SAND RD						regal Address (P.D. Box Number is Not-Acceptable) Box 1717						
SIGNATURE Signature Signa							ake	land		FL	Zip Cod		
After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.													
After May 1, 2005 Fee will be \$55.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD Delete TITLE Change Addition NAME TO SEMINOLE SAND RD PLANT CITY, FL 33566 TITLE Change Addition NAME STREET ADDRESS CITY-ST-2IP TITLE CHANGE Delete TITLE CHANGE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE CHANGE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE CHANGE CHANGE CHANGE CITY-ST-2IP TITLE CHANGE CHANGE CHANGE CHANGE CHANGE Addition NAME STREET ADDRESS CITY-ST-2IP TITLE CHANGE CHANGE CHANGE CHANGE Addition NAME STREET ADDRESS CITY-ST-2IP TITLE CHANGE CHANGE CHANGE CHANGE Addition NAME STREET ADDRESS CITY-ST-2IP TITLE CHANGE CHANGE CHANGE CHANGE Addition NAME STREET ADDRESS CITY-ST-2IP TITLE CHANGE CHANGE CHANGE Addition NAME CHANGE CHANGE CHANGE Addition NAME CHANGE CHANGE CHANGE CHANGE Addition NAME CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE TITLE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE TITLE CHANGE CHAN	SIGNATURE												
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		partify that the	information supplied with	h this filling does not qualify for					(i) Florida Statuto	e Hurther on	rtify that the in	Normation	

or discard 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.

TO NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR