


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000050430**

1. Entity Name  
**T & B TRUCKING, INC.**



Principal Place of Business <b>18408 LONG LAKE DRIVE          HUDSON, FL 34667</b>	Mailing Address <b>18408 LONG LAKE DRIVE          HUDSON, FL 34667</b>
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3256966</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BILLINGTON, THOMAS E  
 18408 LONG LAKE DRIVE  
 HUDSON, FL 34667**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	BILLINGTON, THOMAS E 18408 LONG LAKE DRIVE HUDSON, FL 34667
TITLE P	BILLINGTON, THOMAS E 18408 LONG LAKE DR HUDSON, FL 34667
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

UD00000634497  
 02/22/07-80013-003 150.00

**DO NOT WRITE IN THIS SPACE**

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 empowered.

SIGNATURE: *Thomas Billington* **Thomas Billington** X 2-5-07 (727) 8613800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #