## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 13, 2008 08:00 AN Secretary of State DOCUMENT # P94000050430 T & B TRUCKING, INC. Mailing Address Principal Place of Business 18408 LONG LAKE DRIVE 18408 LONG LAKE DRIVE HUDSON, FL 34667 HUDSON, FL 34667 No Chg-P CR2E034 (11/05) 01292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3256966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BILLINGTON, THOMAS E DO NOT WRITE 18408 LONG LAKE DRIVE HUDSON, FL 34667 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BILLINGTON, THOMAS E STREET ADDRESS 18408 LONG LAKE DRIVE CITY-ST-ZIP HUDSON, FL 34667 000000825391 02/21/08-80007-016 150.00 TITLE BILLINGTON, THOMAS E NAME STREET ADDRESS 18408 LONG LAKE DR CITY-ST-ZIP HUDSON, FL 34667 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OF DIRECTO

1-28-08

727 86 13800

Daytime Phone #

FILED