

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000057863

1. Entity Name
L N B TRUCKING COMPANY



Principal Place of Business
281 WATER OAK DRIVE
TALLAHASSEE, FL 32310

Mailing Address
281 WATER OAK DRIVE
TALLAHASSEE, FL 32310

FILED

04 APR 23 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232004 No Chg-P CR2E034 (10/03) 04

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4. FEI Number
59-3258097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS J ESQ.
203 N. GADSDEN STREET
SUITE 5B
TALLAHASSEE, FL 32301

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
NAME BROWN, LEONARD N
STREET ADDRESS 281 WATER OAK DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D
NAME BROWN, ANNIE W
STREET ADDRESS 281 WATER OAK DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D
NAME BROWN, THOMAS J
STREET ADDRESS 707 BROOKRIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

800035723468
05/06/04--01071--015 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leonard N. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-23-04 Daytime Phone #