


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000024237 1. Entity Name PCS TRUCKING, INC.	
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Principal Place of Business 157 VALENCIA ROAD NW W. MELBOURNE, FL 32904	Mailing Address 157 VALENCIA ROAD NW W. MELBOURNE, FL 32904
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04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3313040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, CATHY 157 VALENCIA ROAD NW W. MELBOURNE, FL 32904

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, PATRICK 157 VALENCIA RD NW W MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SMITH, CATHY 157 VALENCIA RD NW W MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PATRICK 157 VALENCIA RD NW W MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CATHY 157 VALENCIA RD NW W MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000322622 04/22/05-80020-021 150.00 DO NOT WRITE 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: <u>Cathy Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: <u>4/21/05</u> Daytime Phone #: <u>321-953-2228</u>