## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000081158

1. Entity Name GENE DEVINE TRUCKING, INC.



Principal Place of Business

4420 DEVINE FARM RD. CANTONMENT, FL 32533

Mailing Address

4420 DEVINE FARM RD. CANTONMENT, FL 32533

## FILED Apr 02, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DEVINE, TOMMY GENE 4420 DEVINE FARM RD. CANTONMENT, FL 32533

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the patients of registered agent.	ourpose of changing its registe	ered office or	registered agent, or bo	oth, in the State of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registe	red Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin.     Trust Fund Contribution		\$5.00 May Be Added to Fees	000000665410 04/09/07-80004-01	7 150.00
10.	OFFICERS AND DIREC	CTORS			I.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, TOMMY GENE 4420 DEVINE FARM RD. CANTONMENT, FL 32533					
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP				no	NOT WRITE	
TITLE					THIS SPACE	
name Street address City-St-Zip				IIN	INIO SPACE	
TITLE NAME			-			
STREET ADDRESS CMY-ST-ZIP						
title Name						

12. Thereby certify that the Information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07 250 9441461

Daytime Phor