2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000090211

1. Entity Name
MIKE STEPHENSON TRUCKING, INC.

Principal Place of Business	Mailing Address
9420 AMAZON DR.	9420 AMAZON DR.
NEW PORT RICHEY, FL 34655	NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

04042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3353445	Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHENSON, MIKE
9420 AMAZON DR.
NEW PORT RICHEY, FL 34655

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000494957
04/20/06-80066-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEPHENSON, MIKE
STREET ADDRESS	9420 AMAZON DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL

TITLE	V
NAME	STEPHENSON, KIM
STREET ADDRESS	9420 AMAZON DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Kim Stephenson_   4/4/06   (727) 376-8046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #