

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90274 006 ***150.00

DOCUMENT # P95000094378					
1. Entity Name MACON CUNNINGHAM TRUCKING, INC.					
Principal Place of Business 600 ROBERTS BAY DR NOKOMIS, FL 34275			Mailing Address 600 ROBERTS BAY DR NOKOMIS, FL 34275		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0803548	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
8. Name and Address of Current Registered Agent CUNNINGHAM, MACON C JR. 600 ROBERTS BAY DR NOKOMIS, FL 34275				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 use is solicited. (NOTE: Registered Agent signature required when rechartering.) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUNNINGHAM, MACON C 610 ROBERTS BAY DR. NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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>Macon Cunningham</u>			4/27/04 (863) 447-0122		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			Date Daytime Phone #		