2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000011101 FILED 1. Entity Name MURRAY TRUCKING, INC. 2008 APR 30 AM 7: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 395 RAYMOND RD 395 RAYMOND RD HAVANA, FL 32333 HAVANA, FL 32333 CR2E034 (11/05) No Cha-P 04302008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3302195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURRAY, MARTIN P IV DO NOT WRITE 395 RAYMOND RD HAVANA, FL 32333 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MURRAY, MARTIN P IV 400127392454 04/30/08--01037--019 **150.00 STREET ADDRESS 395 RAYMOND RD CITY-ST-ZIP HAVANA, FL 32333 PVST TITLE MURRAY, MARTIN P IV NAME STREET ADDRESS 395 RAYMOND RD HAVANA, FL 32333 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 extrustee 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:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

850-933-5377

Daytime Phone #