

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035017

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: TRIPLE "V" TRUCKING, INC.

## Current Principal Place of Business:

HWY. C-351-A  
CROSS CITY, FL 32628

## New Principal Place of Business:

202 NE 86TH ST.  
CROSS CITY, FL 32628

## Current Mailing Address:

P.O. BOX 2189  
CROSS CITY, FL 32628

## New Mailing Address:

P.O. BOX 2189  
CROSS CITY, FL 32628 US

FEI Number: 59-3369168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAN AERNAM, BOBBY KIM  
HWY. C-351-A  
CROSS CITY, FL 32628 US

## Name and Address of New Registered Agent:

VAN AERNAM, BOBBY KIM  
179 NE 86TH ST.  
CROSS CITY, FL 32628 US

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.

SIGNATURE: BOBBY K. VANAERNAM

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VAN AERNAM, BOBBY KIM  
Address: COUNTY RD. 351A  
City-St-Zip: CROSS CITY, FL

Title: VD ( ) Delete  
Name: VAN AERNAM, FRANKLIN  
Address: COUNTY RD. 351 A  
City-St-Zip: CROSS CITY, FL

Title: STD ( ) Delete  
Name: VAN AERNAM, DAWAYNE  
Address: COUNTY RD. 351A  
City-St-Zip: CROSS CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VAN AERNAM, BOBBY K  
Address: 179 NE 86TH ST.  
City-St-Zip: CROSS CITY, FL 32628 US

Title: VD (X) Change ( ) Addition  
Name: VAN AERNAM, FRANKLIN  
Address: 73 NE 86TH ST.  
City-St-Zip: CROSS CITY, FL 32628 US

Title: STD (X) Change ( ) Addition  
Name: VAN AERNAM, DAWAYNE  
Address: 617 NE 223RD AVE.  
City-St-Zip: CROSS CITY, FL 32628 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY K. VANAERNAM

PD

01/13/2005

Electronic Signature of Signing Officer or Director

Date