


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90210 043 \*\*\*150.00

<b>1. Entity Name</b> Scott Mashewske Trucking Company	
---	---

<b>Principal Place of Business</b> 111 WILLIE PRESHA ROAD QUINCY, FL 32351	<b>Mailing Address</b> 2815 JUNIPER CREEK RD QUINCY, FL 32351
--	---

**DO NOT WRITE IN THIS SPACE**



<b>4. FEI Number</b> 59-3409736	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b>	

<b>6. Name and Address of Current Registered Agent</b> Scott A. Mashewske 111 Willie Presha Rd. Quincy, FL 32351
---

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: Scott A. Mashewske STREET ADDRESS: 111 Willie Presha Rd. CITY-ST-ZIP: Quincy, FL 32351	
TITLE: DST NAME: Pamela S. Mashewske STREET ADDRESS: 111 Willie Presha Rd. CITY-ST-ZIP: Quincy, FL 32351	
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:	

**DO NOT WRITE IN THIS SPACE**

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:** Pamela S Mashewske **4/25/04** **315-536-4114**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #