2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000101270

1. Entity Name STEPHENS TRUCKING, INC.



FILED Apr 11, 2005 08:00 AN Secretary of State

Principal Place of Business

7855 COLLINS RIDGE BLVD. JACKSONVILLE, FL 32244

Mailing Address

7855 COLLINS RIDGE BLVD. JACKSONVILLE, FL 32244



DO NOT WRITE IN THIS SPACE

02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3422391

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, MORRIS A 7855 COLLINS RIDGE BLVD. JACKSONVILLE, FL 32244

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 Signature, typed or printed name of registered agent and title J applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000298050 04/11/85-80051-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT STEPHENS, MORRIS A 7855 COLLINS RIDGE BLVD. JACKSONVILLE, FL 32244	CTORS [G 17 117 CO QUADI 011 100100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, KIMBERLY K 7855 COLLINS RIDGE BLVD. JACKSONVILLE, FL 32244				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET AODRESS CITY-SI-ZIP					

12. I hereby certify that the information supplied with this filling 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

Moris Stephono

President

4-8-05

904-772-7843

Daytime Phone