2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000019739

1. Entity Name

MCARTHUR TRUCKING, INC.



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

440 GORDON CHAPEL ROAD HAWTHORNE, FL 32640 Mailing Address

440 GORDON CHAPEL ROAD HAWTHORNE, FL 32640



DO NOT WRITE IN THIS SPACE

03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3446147

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

3 t 3.

THOMAS, YVONNE 440 GORDON CHAPEL ROAD HAWTHORNE, FL 32640

DO NOT WRITE IN THIS SPACE

1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(VC, 12 02070		IŅ Maries da Propies	THIS SPACE	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and account in the State of Florida.	ept
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable (NOTE Registered	d Agent signature required when reinstating)	DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000894862 04/24/08-80045-015 150.00	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME	P THOMAS, JEROME M		and the	and the first of the same of the first of the same of	é i
STREET ADDRESS CITY-ST-ZIP	440 GORDON CHAPEL ROAD HAWTHORNE, FL 32640		The state of the state of the state of	All your state of the state of	
TITLE	ST THOMAS NA CONNE		•		ا. ،
NAME STREET ADDRESS	THOMAS, YVONNE 440 GORDON CHAPEL ROAD		· 6.	and the state of t	
CITY-ST-ZIP	HAWTHORNE, FL 32640			The second of the second of the second	
TITLE NAME			, ,	A STATE OF THE STA	
STREET ADDRESS				NOTWOITE	• !
CITY-ST-ZIP		,		NOT WRITE	
TITLE			IN '	THIS SPACE	
STREET ADDRESS				and the first of the second	
CITY-ST-ZIP			· ,		, i
TITLE NAME			The same of the sa	《李拉斯》的表现代理解的	
STREET ADDRESS		. ,			
CITY-ST-ZIP TITLE		,	a think a property of the		,
NAME .					
STREET ADDRESS	•	•	ச _{ுத்த} ை வண்ணவித்தி	अभिनेति किया है जिसे किया है जिसे की किया है कि है है है है है है कि है जिसे हैं जिसे हैं जिस है जिसे हैं जिसे	٠,

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

CITY-ST-ZIP

JETOINE M. Thomas

3/13/08

352-3/6-6194

Caytim