2005 FOR PROFIT CORPORATION

FILED Ian 31. 2005 08:00 AM

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ANNUAL RE	PORI		Jan 31, 2003 00.00 A
DOCUMENT # P97000025141 1. Entity Name MCSWAIN TRUCKING, INC.			Secretary of State
7107 SUNSHINE WAY 110	ling Address 07 SUNSHINE WAY NTER HAVEN, FL 33880	US	
DO NOT WRITE IN		CE	01122005 No Chg-P CR2E034 (10/03) 4. FEI Number
6, Name and Address of Current Registe MCSWAIN, JIMMY 1107 SUNSHINE WAY WINTER HAVEN, FL 33880	red Agent		DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the put the obligations of registered agent. SIGNATURE	rpose of changing its registere	ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title it is FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		od when reinstating) DATE 5.00 May Be Idded to Fees
10. OFFICERS AND DIRECT TITLE DP NAME MCSWAIN, JIMMY STREET ADDRESS 1107 SUNSHINE WAY CITY-ST-ZIP WINTER HAVEN, FL 33880	ORS	<u></u>	U00000205627 01/31/05-80054-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE		. .	DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			,

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). 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 eath; 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

Mc Swain

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: