

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029878

Entity Name: FLORIDA TRUCKING CO., INC.

FILED
Mar 04, 2008
Secretary of State

Current Principal Place of Business:

5115 JOANNE KEARNEY BLVD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5115 JOANNE KEARNEY BLVD.
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3440248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REED, JAMES
5115 JOANNE KEARNEY BLVD.
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: KEARNEY, BING CHARLES W JR
Address: 5115 JOANNE KEARNEY BLVD.
City-St-Zip: TAMPA, FL 33619

Title: VD () Delete
Name: KEARNEY, BRYAN G
Address: 5115 JOANNE KEARNEY BLVD.
City-St-Zip: TAMPA, FL 33619

Title: VD () Delete
Name: KEARNEY, BARRY
Address: 5115 JOANNE KEARNEY BLVD.
City-St-Zip: TAMPA, FL 33619

Title: PD () Delete
Name: PAYNE, ALAN
Address: 5115 JOANNE KEARNEY BLVD.
City-St-Zip: TAMPA, FL 33619

Title: S () Delete
Name: PITRE, JOSEPH M
Address: 5115 JOANNE KEARNEY BLVD.
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PAYNE, ALAN G
Address: 5115 JOANNE KEARNEY BLVD.
City-St-Zip: TAMPA, FL 33619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOE PITRE

S

03/04/2008

Electronic Signature of Signing Officer or Director

Date