


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000045070 1. Entity Name BEN'S TRUCKING, INC.	
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Principal Place of Business 2901 SW 12TH STREET OCALA, FL 34474 US	Mailing Address 2901 SW 12TH STREET OCALA, FL 34474 US
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3295314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, BEN JR 2901 SW 12TH STREET OCALA, FL 34474
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWN ADAMS, BEN JR 2901 SW 12TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARVEY, GELEANER 2901 SW 12TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/22/07-80004-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Geleaner Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2- -07 332 875-6384
Date Daytime Phone #