


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-04-2004 90051 034 ***150.00

DOCUMENT # P97000663204

1. Entity Name
NIGHTRIDER TRUCKING, INC.



66402390



MOORE CR2E034 (11/03)

Principal Place of Business Mailing Address
3640 MARBON RD JACKSONVILLE FL 32223

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3459356** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WHITAKER, RICHARD D
3640 MARBON RD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent
 Name **Janet F. WHITAKER**
 Street Address (P.O. Box Number is Not Acceptable)
3640 MARBON RD
 City **Jacksonville** FL Zip Code **32223**

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 *Janet F. Whitaker* **Janet F. Whitaker** DATE **1-28-04**

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P/D	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<input type="checkbox"/>	WHITAKER, JANET F	3640 MARBON RD	JACKSONVILLE FL 32223	<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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: *Janet F. Whitaker* DATE: **2-17-04** DAYTIME PHONE #: **904-268-2036**