2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
DOCUMENT # P97000065954 1. Entity Name					Apr 28, 2005 08:00 AM Secretary of State					
BAGLEY TRUCKING, INC.						200100	1, 01 &			
Principal Place of Business Mailing Address										
405 NW JENKINS AVE. BRANFORD FL 32008		POST OFFICE BOX 881 BRANFORD FL 32008								
2. Frincipal F	Place of Business	3. Mailing Address Suite, Apt. # etc.			 					
Oune, Apr.		Cate, April Co.			18	st MOORE	CR2E034 (10/04)		
City & State		City & State		4. FEI Numb	^{oer} 59-3471365		No	pplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificat	e of Status Desired		8.75 Add e Required		
	6. Name and Address of Curren	it Registered Agent			7. Name an	d Address of New R				
D	21 F2/ 114 DQ 4 DET			Name						
405	GLEY, MARGARET NW JENKINS AVE. ANFORD FL 32008			Street Address (I	P.O. Box Numl	ber is Not Acceptable	>		200 Carra	
				City		- ·	FL	Zip Code	<u> </u>	
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or register	ed agent or b	oth, in the State of Flo		niliar with	and accept	
	tions of registered agent.	and bankage at all all all all all all all all all	749,010,0	-	ou ago, i, o, o		ryaca. I carri lati	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE	Signature, typed or printed name of registered agen	ห and เพีย สั applicable (NOTE	Registered	1 Agent signature required	when reinstating)	· -	DATE.	· · ·	<u>** </u>	
F	ILE NOW!!! FEE IS \$150.00				,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	9. Election Campa	ion Enancine	œs i	00 May Be	
	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department o					Trust Fund Con		_ `	ed to Fees	
10.	OFFICERS AN		11.		ADDITIONS	CHANGES TO OFF	CEDS AND D	IDEATAB	Ó INI 43	
THEE	PD	Delete	THE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	STORANGES TO OFF		Change	Addition	
NAME	BAGLEY, ROY D	DCIOLE	NAME			U000003	39910	-, -	_	
STREET ADOPESS CITY ST-ZIP	405 NW JENKINS AVE. BRANFORD FL 32008			FI ADDRESS ST-ZIP		04/28/05-8	0036-010] 150.	00	
TITLE	VP	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	BAGLEY, TIMOTHY D 405 NW JENKINS AVE.		NAM	ET ADDRESS						
CITY-ST-ZIP	BRANFORD FL 32008			ST-ZIP						
MILE	ST	☐ Delete	111) 6] Change	Addition	
KAME Street addhess	BAGLEY, MARGARET		NAME	ET ADDRESS						
CHY-SI-ZIP	405 NW JENKINS AVE. BRANFORD FL 32008			SI-ZIP						
THLE		☐ Delete	THTLE					Change	Addition	
NAME CERTAL ADDRESS			NAME							
STREET ADDRESS CITY-SI-ZIP				ET ADDRESS ST-7IP		· · · · · · · · · · · · · · · · · · ·	_ 		<u> </u>	
NAME		☐ Delete	THEE NAME				L	Change	☐ Addition	
STREET AUDRESS CITY-ST-ZIP			STREE	ST-ZIP						
THILE		☐ Delete	THE					Change	Addition	
NAME			NAME							
STREET ADDRESS CHY-ST-ZIP			•	ST-ZIP						
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.										
SIGNAT	URE: I M at flu	La Ley Ma PRINTED NAME OF SIGNING OFFICER	Mar	et Bight	9 4	41805	386 93	5.08.	58	
- "	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR -		Date		me Phone #		