

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90059 044 ***150.00

DOCUMENT # P97000068708					
1. Entity Name KEN'S TRUCK SERVICE, INC.					
Principal Place of Business 11627 GWYNFORD LN JACKSONVILLE, FL 32223			Mailing Address PO BOX 6278 JACKSONVILLE, FL 32236		
2. Principal Place of Business - No P.O. Box # 573 W River Rd			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Palatka, FL			City & State		
Zip 32177			Country Putnam		
4. FEI Number 59-3470795			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PLEIMAH, THOMAS C JR 9471 BAYMEADOWS RD SUITE 308 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: Thomas C Pleiman JR Street Address (P.O. Box Number is Not Acceptable): spelling City: FL Zip Code:		
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 _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HALL, K STREET ADDRESS 11627 GWYNFORD LANE CITY-ST-ZIP JACKSONVILLE, FL 32223	☐ Delete		TITLE ☒ Change ☐ Addition NAME 573 W River Rd STREET ADDRESS Palatka, FL 32177 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE VP NAME HALL, L.G. STREET ADDRESS 11627 GWYNFORD LANE CITY-ST-ZIP JACKSONVILLE, FL 32223	☐ Delete		TITLE ☒ Change ☐ Addition NAME 573 W River Rd STREET ADDRESS Palatka, FL 32177 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE S NAME DUNCAN, KIM STREET ADDRESS 1158 CHANDELON OAK DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32221	☐ Delete		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE T NAME DUNCAN, TODD STREET ADDRESS 1158 CHANDELON OAK DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32221	☐ Delete		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Kenneth D. Hall</i>			2-9-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		