## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000089940

1. Entity Name

CORAL REEF TRUCKING, INC.



FILED
Mar 17, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

30648 GAR DR

WESLEY CHAPEL, FL 33544 U

30648 GAR DR

WESLEY CHAPEL, FL 33544



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03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3472100

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, GORDON F 30648 GAR DR WESLEY CHAPEL, FL 33544

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the obligations of registered agent.					
Signature, typed or printed name of registered agent and title	of applicable. (NOTE Registered Agent	signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000862415 04/03/08-80046-024 150.0	0

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

	- T
10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWELL, GORDON F 30648 GAR DR WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, PAULA G 30648 GAR DR. WESLEY CHAPEL, FL 33544
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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: John & Howell	Gordon F Howell	Pes 3	-11-08 8139073	16
SIGNATURE AND TYPED OR PRINTED NAME OF SK	GNING OFFICER OR DIRECTOR	Date	Daytime Phone #	. /