## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2008 08:00 Al Secretary of State DOCUMENT # P97000109021 KNUTZ TRUCKING, INC. Principal Place of Business Mailing Address 10000 SHANGRI LA WEST 4430 HWY 90, STE H MILTON, FL 32583 US PACE, FL 32571 US No Chg-P CR2E034 (11/05) **DO NOT WRITE IN THIS SPACE** Applied For 4. FEI Number 59-3485347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FAIRCLOTH, S. RICK DO NOT WRITE 4430 HWY 90, STE H PACE, FL 32571 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE KNUTZ, GLENN C U00000891960 NAME 10000 SHANGRI LA WEST STREET ADDRESS .04/23/08-80047-005 150.nn CITY-ST-ZIP MILTON, FL 32583 TITLE NAME FAIRCLOTH, S. RICK STREET ADDRESS 4430 HIGHWAY 90, STE H CITY-ST-ZIP PACE, FL 32571 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

**FILED** 

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Phone 9