## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000014212

WONG, RAYMOND

4205 CRAWFORD CIR.

VALDOSTA, GA 31605

Name:

Address:

City-St-Zip:

Entity Names I JOHN DEALINGNIT TO JOKE

FILED Jul 01, 2004 Secretary of State

Entity Name: JOHN BEAUMONT TRUCKING INC. **Current Principal Place of Business: New Principal Place of Business:** 107 PINE ISLE DRIVE SANFORD, FL 32773 **Current Mailing Address: New Mailing Address:** 107 PINE ISLE DRIVE SANFORD, FL 32773 FEI Number: 59-3661011 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEAUMONT, JOHN W 107 PINE ISLE DRIVE SANFORD, FL 32773 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BEAUMONT, JOHN W Name: Name: 107 PINE ISLE DRIVE Address: Address: SANFORD, FL 32773 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BEAUMONT, JOHN E Name: Name: 29201 GREEN WATER DR Address: Address: TEHACHAPIA, CA 93561 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition BEAUMONT, NANCY W Name: Name: 107 PINE ISLAND DRIVE Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN W BEAUMONT P 07/01/2004