


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000048068 1. Entity Name PERKINS TRUCKING, INC.	
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Principal Place of Business 1222 SW SUNSHINE ST. STUART, FL 34997	Mailing Address 1222 SW SUNSHINE ST. STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



06122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0866534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, JONATHAN W
1222 SW SUNSHINE ST.
STUART, FL 34997

**DO NOT WRITE
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) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000567220 06/15/06-80002-006 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERKINS, JONATHAN W 1222 SW SUNSHINE ST. STUART, FL 34997
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IN THIS SPACE**

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:  **6/12/06** **772-286-5255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #