## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000055548

COYABA TRUCKING, INC.



**FILED** Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Business

**426 PARKWAY ROAD** TULLAHOMA, TN 37388 Mailing Address

3500 NW BOCA RATON BLVD. BOCA RATON, FL 33431



## DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEi Number 65-0845078

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN DER LYN, JOHN S 3500 N.W. BOCA RATON BLVD. BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SDACE

			,	IN THIS STACE		
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 tille if applicable (NOTE: Registered Agent signature required when renstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS	- 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUTH, CONRAD C 426 PARKWAY ROAD TULLAHOMA. TN 37388			•		
NAME STREET ADDRESS CITY-ST-ZIP	D RUTH, SUSAN S 426 PARKWAY ROAD TULLAHOMA, TN 37388				U00000644384 03/02/07-80040-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE. NAME STREET ADDRESS				•	·	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Conrad C. Ruth, President

(508)685-8062