


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000056524	
1. Entity Name GARY WILLIAMS TRUCKING, INC.	

Principal Place of Business RT.1 BOX 285-1 LAKE CITY, FL 32055	Mailing Address RT.1 BOX 285-1 LAKE CITY, FL 32055
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**DO NOT WRITE IN THIS SPACE**



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3525843	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

WILLIAMS, GARY H  
RT.1 BOX 285-1  
LAKE CITY, FL 32055

**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: Gary H. Williams DATE: 4-22-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000136285 04/28/04-80086-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, GARY
STREET ADDRESS	RT 1 BOX 285
CITY-ST-ZIP	LAKE CITY, FL
TITLE	S
NAME	WILLIAMS, VICKI
STREET ADDRESS	RT 1 BOX 285
CITY-ST-ZIP	LAKE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Gary H. Williams Gary H. Williams 4-22-04 704/827-8701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #