

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90009 014 ***150.00

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1. Entity Name
 E.C. DUBOIS TRUCKING, INC.



Principal Place of Business Mailing Address
 2046 TREASURE COAST PLAZA # 361 805 VIRGINIA AVE SOUTH
 VERO BEACH, FL 32960 US SUITE 29
 FT PIERCE, FL 34982 US

40027463



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 23781 US Hwy 27 362
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State City & State
 Lake Wales FL
 Zip Country Zip Country
 33859 US

4. FEI Number Applied For
 65-0866913 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DUBOIS, ROBERT L
 2050 OLEANDER BLVD
 FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DU BOIS, EDWARD C <input type="checkbox"/> Delete 2046 TREASURE COAST PLAZA # 361 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/VP DUBOIS, DIANE D <input type="checkbox"/> Delete 2046 TREASURE COAST PLAZA # 361 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23781 US Hwy 27, 362 LAKE WALES FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23781 US Hwy 27, 362 LAKE WALES FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: Diane D. Dubois 2/28/07 772-532-2819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #