2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000089838

1. Entity Name
CONLEY TRUCKING, INC

Principal Place of Business	Mailing Address
215 SW ARMAND PL LAKE CITY, FL 32025	215 SW ARMAND PL LAKE CITY, FL 32025

DO NOT WRITE IN THIS SPACE

03162008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3539657	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONLEY, ANN G
215 SW ARMAND PL
LAKE CITY, FL 32025

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 $150.00
After May 1, 2008 Fee will be $550.00

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

U00000094D012
05/28/08--80049-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONLEY, DENNIS
STREET ADDRESS	215 SW ARMAND PL
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	S
NAME	CONLEY, ANN
STREET ADDRESS	215 SW ARMAND PL
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _Ann G. Conley_   Ann G. Conley   4/28/08   386 752-3780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #