

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 JUN 20 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000091207			
1. Entity Name BEDNAR TRUCKING COMPANY, INC.			
Principal Place of Business 6439 WOODSMAN DR ZEPHYRHILLS, FL 33544		Mailing Address 6439 WOODSMAN DR ZEPHYRHILLS, FL 33544	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3549075			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEDNER, JR, JOSEPH A 6439 WOODSMAN DR ZEPHYRHILLS, FL 33544		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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 5/24/05 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DPTC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDNAR, JOSPEH JR	NAME	
STREET ADDRESS	6439 WOODSMAN DR	STREET ADDRESS	100056627951
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544	CITY-ST-ZIP	06/28/05--01051--014 **\$61.25
TITLE	DSM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, CHARLOTTE	NAME	
STREET ADDRESS	6439 WOODSMAN DR	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDNAR, ERIC	NAME	
STREET ADDRESS	6439 WOODSMAN DR	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SHEILA LEWIS
STREET ADDRESS		STREET ADDRESS	26734 BRAHMA DR.
CITY-ST-ZIP		CITY-ST-ZIP	WESLEY CADEL, FLA. 33544
TITLE	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MARIE BEDNAR
STREET ADDRESS		STREET ADDRESS	6439 WOODSMAN DR.
CITY-ST-ZIP		CITY-ST-ZIP	ZEPHYRHILLS, FLA. 33544
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 5/24/05 DAYTIME PHONE # 813 977-5540	
Joseph A. BEDNAR, JR.			