## 2006 FOR PROFIT CORPÓRATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Mar 14, 2006 08:00 AM Secretary of State

DOCUMENT # P99000022447  1. Entity Name CURRY TRUCKING, INC.					Secrei	tary of	State
Principal Place 10781 NW 3 JASPER, FL	39TH TRAIL	failing Address 1500 S FIRST ST LAKE CITY, FL 32025		L TOTAL MAN LOS A	erine tritt beltt pritt belt	e signa (1818 - 1818 - 1	1180 Jeerson II (22)
	 	ngrammar lavadi.	03072008	No Chg-P	CR2E034 (11		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 59-3592			Applied For Not Applicable
				5. Certificate o	f Status Desired	□ \$8.75 Fee Re	5 Additional quired
6. Name and Address of Current Registered Agent				·			
CURRY, GEORGE 10781 NW 39TH TRAIL JASPER, FL 32052			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 prince name of registered agent and title if applicable.  THOTE: Registered Agent signature required when reinstating)  OATE							
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees			
TITLE	P OFFICERS AND DIREC	ZTORS				*******	And and the second of the seco
NAME STREET ADDRESS CITY-ST-ZIP	CURRY, GEORGE 10781 NW 39TH TRAIL JASPER, FL 32052		03/23/06 80043-005 150.00				
TITLE NAME STREET ADDRESS CXTY-ST-ZIP							
title Name Stricet Adoress Chty-St-Zip				DO I	NOT W	RITE	
tirle Name Street address City-St-Zif				IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CTY-ST-ZIP							
12. I hereby of Indicated of the con- changed,	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attaching it with an address, with all	ling does not qualify for the exer and accurate and that my signate to execute this report as require other like empowered.	mptions contained ure shall have the s ed by Chapter 507,	in Chapter 119, f ame legal effect a Florida Statutes;	Torida Statutes. I fi is it made under or and that my name	urther certify that t ith; that I am an of appears in Block	he information ficer or director 10 or Block 11 if