2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000023600

1. Entity Name

T & B TRUCKING, INC. OF LAKE PLACID



Principal Place of Business

941 ARBUTUS AVE. LAKE PLACID, FL 33852-8052 Mailing Address

941 ARBUTUS AVE.

LAKE PLACID, FL 33852-8052

FILED Apr 08, 2005 8:00 am Secretary of State

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01122005	No Chg-P	CR2E034 (10/03)		
4. FEI Number			Applied For	
65-0912	2678		Not Applicable	
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required	

•					
6. Name and Address of Current Registered Agent					
BALL, TROY 941 ARBUTUS AVE. LAKE PLACID, FL 33825					

DO NOT WRITE IN THIS SPACE

					e			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or l	both, in the State of Flo	rida. I am fan	niliar with, and	accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registera	d Agent signature	required when reinstating)		DATE		_
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		•			w .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BALL, TROY 945 ARBUTUS AVE. LAKE PLACID, FL 33825				• •	v	.· ·	,
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				iN	THIS SP	ACE	*	a .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				A Company of the Comp	tita en	•		er in
TITLE NAME STREET ADDRESS CITY-ST-ZIP							•	
12. I hereby o	pertify that the information supplied with this fi	ling does not qualify for the exe	mption state	d in Section 119.07(3)(i), Florida Statutes. I	further certify	that the inform	nation

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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

112/65 263-699-0695