


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90021 003 \*\*\*150.00

<b>DOCUMENT # P99000023600</b>			
1. Entity Name <b>T &amp; B TRUCKING, INC. OF LAKE PLACID</b>			
Principal Place of Business <b>941 ARBUTUS AVE. LAKE PLACID, FL 33852-8052</b>		Mailing Address <b>941 ARBUTUS AVE. LAKE PLACID, FL 33852-8052</b>	
2. Principal Place of Business - No P.O. Box # <b>941 BREEZY ROAD</b>		3. Mailing Address <b>941 BREEZY ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE PLACID, FL</b>		City & State <b>LAKE PLACID, FL</b>	
Zip <b>33852-8027</b>	Country <b>USA</b>	Zip <b>33852-8027</b>	Country <b>USA</b>



02012008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0912678**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  <b>BALL, TROY 941 ARBUTUS AVE. LAKE PLACID, FL 33825</b>		7. Name and Address of New Registered Agent Name <b>TROY BALL</b> Street Address (P.O. Box Number is Not Acceptable) <b>941 BREEZY ROAD</b>  City <b>LAKE PLACID</b> <b>FL</b> Zip Code <b>33852-8027</b>	
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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 TROY BALL, PRESIDENT 02/01/2008  
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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BALL, TROY 945 ARBUTUS AVE. LAKE PLACID, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BALL, TROY 941 BREEZY ROAD LAKE PLACID, FL 33852-8027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: Troy Ball TROY BALL, PRESIDENT 02/01/2008 (863) 699-0695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #