


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000050930  
 1. Entity Name  
 M & V TRUCKING, INC.



Principal Place of Business: 1282 ELLEN RD, DADE CITY, FL 33525  
 Mailing Address: 1282 ELLEN RD, DADE CITY, FL 33525

**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 59-3581221 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIBBS, MALCOLM N JR
STREET ADDRESS	12821 ELLEN ROAD
CITY - ST - ZIP	DADE CITY, FL 33525
TITLE	VSTD
NAME	GIBBS, VIOLET L
STREET ADDRESS	12821 ELLEN ROAD
CITY - ST - ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000141588  
 04-30-04-80015-023 158.75

**DO NOT WRITE IN THIS SPACE**

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: *Violet Gibbs* Violet Gibbs Pres/owner \*4-25-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #