


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90017 030 ***150.00

DOCUMENT # P99000069928					
1. Entity Name DUSTY'S TRUCKING, INC.					
Principal Place of Business 12242 CHASTAIN STREET SPRING HILL, FL 34609			Mailing Address 12242 CHASTAIN STREET SPRING HILL, FL 34609		
2. Principal Place of Business - No P.O. Box # 1108 Arlanie Rd.		3. Mailing Address 1108 Arlanie Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Brooksville, FL		City & State Brooksville, FL		4. FEI Number 59-3597850	
Zip 34604		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAY, MARY 12242 CHASTAIN STREET SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name: May, Mary Street Address (P.O. Box Number is Not Acceptable): 1108 Arlanie Rd. City: Brooksville, FL Zip Code: 34604		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete MAY, ROGER H 12242 CHASTAIN STREET SPRING HILL, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition May, Roger H. 1108 Arlanie Rd. Brooksville, FL 34604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MAY, MARY 12242 CHASTAIN STREET SPRING HILL, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition May, Mary 1108 Arlanie Rd. Brooksville, FL 34604	
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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	
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	
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: <u>Roger H. May ROGER H. MAY PRESIDENT</u> <u>1/14/08</u> <u>813-340-3890</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)</small>					