


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000075282	
1. Entity Name SUTTON TRUCKING INC.	

Principal Place of Business 4827 SE APACHE DR. ARCADIA, FL 34266	Mailing Address 4827 SE APACHE DR. ARCADIA, FL 34266
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

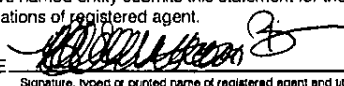
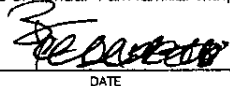
4. FEI Number 65-0939818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUTTON, BARBARA
4827 SE APACHE DR.
ARCADIA, FL 34266**

**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  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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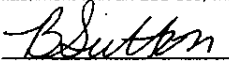
10. OFFICERS AND DIRECTORS

TITLE D	NAME SUTTON, BARBARA
STREET ADDRESS 4827 SE APACHE DR.	CITY-ST-ZIP ARCADIA, FL 34265
TITLE D	NAME SUTTON, TONY W
STREET ADDRESS 4827 SE APACHE DR.	CITY-ST-ZIP ARCADIA, FL 34265
TITLE V	NAME SUTTON, GREG
STREET ADDRESS 4827 SE APACHE DR.	CITY-ST-ZIP ARCADIA, FL 34266
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/31/08-80006-025 150.00

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:  **Barbara Sutton** **1/26/08** **863/940/1962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #