

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000083394

1. Entity Name
TERRY'S TRUCKING INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 29 PM 3: 06

Principal Place of Business
145 BURNS ROAD
MIDWAY, FL 32343 US

Mailing Address
145 BURNS ROAD
MIDWAY, FL 32343 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3603508

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TERRY L
145 BURNS ROAD
MIDWAY, FL 32343

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300033794373
05/10/04--01024--006 **158.75

City

FL

Zip Code

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
WILLIAMS, TERRY L
145 BURNS ROAD
MIDWAY, FL 32343

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
BURNS-WILLIAMS, ALISON
145 BURNS ROAD
MIDWAY, FL 32343

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Terry L Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

509-0961

Date

Daytime Phone #