## √ 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P99000083394

1. Entity Name TERRY'S TRUCKING INC.

Principal Place of Business

145 BURNS ROAD MIDWAY, FL 32343 US

Mailing Address

145 BURNS ROAD MIDWAY, FL 32343

US

## **FILED** Jul 28, 2006 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

07272006 No Chg-P CR2E034 (11/05)

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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

7/27/2/0

850-

SIGNATURE_	Signature, typed of grinted name of registered agent and title if a	applicable. (NOTE: Registered Agent signature)	re required when reinstating)	7/27/06 DATE
FILE NOWIII FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Finar Trust Fund Contribution.		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS 中国中国				
TITLE NAME STREET ADDRESS CITY+ST+ZIP	CEO WILLIAMS, TERRY L 145 BURNS ROAD MIDWAY, FL 32343			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCRAE, JAMES C 2390 PEACHTREE DR. TALLAHASSEE, FL 32311			07/28/06-80007-003 150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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				

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