


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90033 039 \*\*\*150.00

<b>DOCUMENT # P99000094878</b>	
1. Entity Name <b>ATKINS TRUCKING, INC.</b>	

Principal Place of Business <b>22214 CR 561 ASTATULA FL 34705</b>	Mailing Address <b>22214 CR 561 ASTATULA FL 34705</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>59-3609544</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>ATKINS, PETER M P.O. BOX 784253 WINTER GARDEN FL 34778 22214 CR 561 Astatula FL 34705</b>		7. Name and Address of New Registered Agent Name <b>Peter M Atkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>22214 CR 561</b> City <b>Astatula</b> FL Zip Code <b>34705</b>

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 *Peter Atkins* DATE 2-10-08

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ATKINS, PETER M</b> <b>P.O. BOX 784253 22214 CR 561</b> <b>WINTER GARDEN FL 34778 Astatula FL 34705</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>Atkins, Peter M</b> <b>22214 CR 561</b> <b>Astatula FL 34705</b>
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Peter Atkins* DATE 2-10-08 DAYTIME PHONE 352-267-5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR