


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90071 011 ***150.00

DOCUMENT # S14777			
1. Entity Name M & M TRUCKING, INC.			
Principal Place of Business 3801 US HWY 90 EAST LAKE CITY, FL 32055 US		Mailing Address 21274 33RD RD LAKE CITY, FL 32024 US	
2. Principal Place of Business <i>911 Change</i> <i>118 NE ARMOR GLN</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>LAKE CITY FL.</i>		City & State	
Zip <i>32055</i>		Country <i>Columbin</i>	
4. FEI Number 59-3033912		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 MCKENZIE, MARGARET C. RT 17 BAY 1649 LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>RT 27 BOX 2204</i> City <i>LAKE CITY</i> FL Zip Code <i>32024</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <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	PD MCKENZIE, RANDOLPH S. RT 17 BOX 1649 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> <i>Mckenzie Randolph Scott</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>21274 33rd Road</i> <i>LAKE CITY FL 32024</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENZIE, TINA D. 21274 33RD RD LAKE CITY, FL 32024 <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	VTD MCKENZIE, MARGARET (PEGGY) RT 22 BOX 22030 LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VTD</i> <i>MCKENZIE MARGARET PEGGY</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>RT-27 BOX 2204</i> <i>LAKE CITY FL 32024</i>
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 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: <i>Margaret McKenzie</i>		Date: <i>2-4-04</i> Daytime Phone #: <i>386-719-2400</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

Attachment

2400740
#514777

Attachment

Please note the change in our physical address.

#514777

Our mailing address is still the same:
Wood Products, Inc. & M&M Trucking, Inc.
21274 33rd Road
Lake City, FL 32024

Our physical (911) address is changed to:
118 NE Armor Gln
Lake City, FL 32055

Phone: 386-719-2400 —office
Fax: 386-719-4294