


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90002 019 \*\*\*158.75

<b>DOCUMENT # S50546</b> 1. Entity Name <b>S &amp; B TRUCKING ENTERPRISES, INC.</b>	
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Principal Place of Business <b>7185 W WILLOW PEORIA, AZ 85381 US</b>	Mailing Address <b>P.O. BOX 5968 PEORIA, AZ 85385 US</b>
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**54025782**

2. Principal Place of Business <b>26212 STATE Rd 247</b> Suite, Apt. #, etc.	3. Mailing Address <b>26212 STATE Rd 247</b> Suite, Apt. #, etc.
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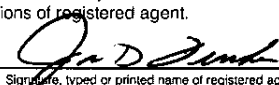
02272004 Chg-P CR2E034 (10/03)

City & State <b>BRANFORD, FL</b>	City & State <b>BRANFORD FL</b>
Zip <b>32008</b>	Country <b>SUWANNEE</b>
Zip <b>32008</b>	Country <b>SUWANNEE</b>

4. FEI Number <b>59-3064389</b>	Applied For <input type="checkbox"/> Not Applicable
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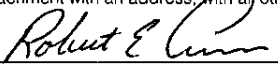
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BEIR, KENETH L 10601-32 SAN JOSE BLVD. JACKSONVILLE, FL 32257</b>	7. Name and Address of New Registered Agent Name <b>FISCHER, JAMES D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10601-210 SAN JOSE BLVD</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32257</b>
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B. 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.	DATE <b>3/15/04</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUMMINS, ROBERT E, JR 7185 W WILLOW PEORIA, AZ 85381 <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	VT CUMMINS, SANDRA L. 7185 W WILLOW PEORIA, AZ 85381 <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	<b>CHANGE ADDRESS</b> <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
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 a) other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>3/31/04</b> Daytime Phone # <b>6026256261</b>