## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2005 8:00 am **Secretary of State** DOCUMENT # S50546 1. Entity Name 02-04-2005 90052 048 \*\*\*158.75 S & B TRUCKING ENTERPRISES, INC. Principal Place of Business Mailing Address 26212 STATE ROAD 247 BRANFORD FL 32008 26212 STATE ROAD 247 50010653 **BRANFORD FL 32008** 2. Principal Place of Business 3. Mailing Address 26268 STATE Rd 247 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) BRANFORD City & State City & State Applied For 4. FEI Number 59-3064389 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32008 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISCHER, JAMES D Street Address (P.O. Box Number is Not Acceptable) 10601-210 SAN JOSE BLVD. JACKSONVILLE FL 32257 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Cummins Robert E JR TITLE TITLE Addition ☐ Delete 26268 State Rd 247 NAME CUMMINS, ROBERT E, JR NAME 7185 W WILLOW STREET ADDRESS STREET ADDRESS BRANFORD, FL 32008 CITY-ST-ZIP CITY-ST-ZIP PEORIA AZ 85381 VT Change TITLE ☐ Delete TITLE CUMMINS SANDAR L ☐ Addition CUMMINS, SANDRA L. 26268 State Rd 247 NAME 7185 W WILLOW STREET ADDRESS STREET ADDRESS PEORIA AZ 85381 CITY-ST-ZIP CITY-ST-ZIP BRANFORD, FL 32008 ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

SIGNATURE: Robert E Cummins JR 1-27-05 386941493