
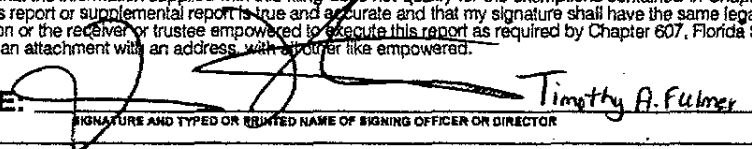


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # S89224 1. Entity Name TNK TRUCKING CORPORATION		
Principal Place of Business 8340 AMERICAN WAY GROVELAND, FL 34736 US	Mailing Address PO BOX 5000 GROVELAND, FL 34736-5000 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FULMER, PHILIP R 8000 CHERRY LAKE ROAD GROVELAND, FL 34736		DO NOT WRITE IN THIS SPACE
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 _____ <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, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULMER, BARBARA B 11050 AUTUMN LN CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULMER, PHILLIP R 8000 CHERRY LAKE ROAD GROVELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, CYNTHIA F 12928 LOOKINGBIL LN ATHENS, AL 35611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULMER, CARROLL A 11610 OSPREY POINTE BLVD CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULMER TIMOTHY A 13045 SUGAR BLUFF ROAD CLERMONT, FL 34711	
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 changed, or on an attachment with an address with another like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-7-2006 <small>Date</small> 352-429-5000 <small>Daytime Phone #</small>



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3091040	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80170-002 158.75

**DO NOT WRITE
IN THIS SPACE**