2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED. Feb 21, 2005 08:00 AM Secretary of State

DOCUMENT # P03000069310 1. Entity Name RIVERVIEW TRUCKING, INC.		Secretary of State
Principal Place of Business Mailing Address 11712 RHODINE RD. RIVERVIEW, FL 33569 P.O. BOX 2031 RIVERVIEW, FL 33568	· · · · · · · · · · · · · · · · · ·	T CHANGER HI SERVER CON ERIN DRIN BENU BRIN BRIN BRIN BRIN BRIN BRIN BRINES IN BRINES I SPEN
DO NOT WRITE IN THIS SPA	CE	02112005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent VITAL, JUDY 11712 RHODINE RD. RIVERVIEW, FL 33569		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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE		
Signature, typed or printed name of registered agent and Bite if applicable. (NOTE. Register FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.	ancing _ \$5.	when reinstating) DATE OO May Be ed to Fees
TITLE PSTD NAME VITAL, JUDY STREET ADDRESS 11712 RHODINE RD. CITY-ST-ZIP RIVERVIEW, FL 33569		HDCCCOV FOR TRA
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TITLE NAME. STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exe		

Indicated on this report or supplied with this tiling 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: _

TUPE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-813-617-3321