2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** May 15, 2008 08:00 AN Secretary of State DOCUMENT # P99000062374 1. Entity Name L AND P TRUCKING OF BRADFORD COUNTY, INC. Principal Place of Business Mading Address 24072 NW 63 AVE 24072 NW 63 AVE LAWTEY FL 32058 LAWTEY FL 32058 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-3627785 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TABET, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 24072 NW 63RD AVE. LAWTEY FL 32058 City Zip Code FL 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 Hanni of registered agent and title. I applicable, (NOTE: Registrated Agent a greature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 0 TITLE ☐ Delete Addition U00000951328 06/04/08-80029-012 158.75 NAME TABET, LEO J NAME STREET ADDRESS. 24072 NW 63RD AVE. STREET ADDRESS CITY-ST-ZIF LAWTEY FL 32058 CITY-ST-ZIP CO TITLE Deiete TITLE ☐ Change Addition NAME TABET, PATRICIA A NAME 24072 NW 63RD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAWTEY FL 32058 CITY - ST- ZIP TITLE Deiete TITLE Change Addition MAMF NAME STREET ADDRESS STREET ADDRESS OITY-ST-219 CITY-ST-7IP THE ☐ Change ☐ Delete THILE Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defele ☐ Change TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Change Addition ☐ Defete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path; that I am an efficer 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

Day; nie Phace #

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: