2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91024 037 ***150.00 **DOCUMENT # P99000096852** D J'S TRUCKING & HAULING SERVICES, INC. IIVUIULI Principal Place of Business Mailing Address 16901 COUNTY RD 48 PO BOX 42 MT. DORA, FL. 32757 ZELLWOOD, FL 32798 2. Principal Place of Business 3. Mailing Address Suite, Apt. #_etc. Suite, Apt. #, etc. 04202004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 31-1688040 Not Applicable Country Zip 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 PELTON, DUWANA K Street Address (P.O. Box Number is Not Acceptable) 16901 COUNTY RD 48 MT. DORA, FL 32757 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 X 4-21-09 ure, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition TITLE ☐ Delete PELTON, DUWANA K NAME NAME 16901 COUNTY RD 48 STREET ADDRESS STREET ADDRESS MT. DORA, FL 32757 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Addition TITLE ☐ Delete TITLE PELTON, Ď.J. NAME 16901 COUNTY RD 48 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MT. DORA, FL 32757 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIΠΕ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change 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 it 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