2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 598049** Entity Name 04-05-2004 90060 035 ***150 00 ROBERT HANCOCK TRUCKING, INC. Principal Place of Business Mailing Address 150 N. BOWNESS ROAD P O BOX 700 OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address 1130 E. PLANT ST. Ste H Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) \ City & State City & State 4. FEI Number Applied For 59-1884719 Not Applicable Zip 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 HANCOCK, ROBERT D. JR. 150 N. BOWNESS ROAD **OCOEE FL 34761** 8. The above named entity submits this statement langing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ag SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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 11. DRES. DOUGLAS LAMAN TITLE Delete TITLE NAME HANCOCK, ROBERT D. JR. NAME 1130 E PLANT ST, Suite H STREET ADDRESS LAKEVIEW DR. STREET ADDRESS WINTER GORDEN, FC 34787 CHULUOTA FL CITY-ST-ZIP CITY-ST-ZIP VICE PRES. ROBERT HANCOCK III TITLE ☐ Delete TITLE NAME NAME 1130 E. PLANT ST, SuITEH STREET ADDRESS STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-7IP CITY-ST-ZIP SECRETARY TITLE ☐ Delete TITLE G. DOUBLAS CAMAN NAME NAME . 1130 E. PLONT ST, STREET ADDRESS STREET ADDRESS WINTER CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 fling does not indicated on this report or supplemental report is true and accurate of the corporation or the eceiver or trustee empowered to succeed to changed, or on an attachment with an address with all butter like and raffix for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the trip signature shall have the same legal effect as if made under oath; that I am an officer or director foot as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if G. DOUGLAS LAMAN 3-26-04 407-877-033/

NAME OF SIGNING OFFICER OR DIRECTOR

FILED