2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 16, 2007 08:00 A Secretary of State DOCUMENT # F40236 1. Entity Name RAY GUNTER TRUCKING, INC. Principal Place of Business Mailing Address 7720 TALLAHASSEE AVE 8131 PARKRIDGE CIRCLE, NORTH JACKSONVILLE FL 32211 JACKSONVILLE FL 32208 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2098752 Not Applicable Zip 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 GUNTER, D. RAY Street Address (P.O. Box Number is Not Acceptable) 8131 PARKRIDGE CIRCLE, NORTH JACKSONVILLE FL 32211 City 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. HILL ☐ Delete TITLE GUNTER, D. RAY NAME NAME 8131 PARKRIDGE CIR. N. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-S1-ZIP CITY-ST-ZIP VST TITLE Defete IIIE ☐ Change ☐ Addition GUNTER, JEAN R. NAME NAME 8131 PARTRIDGE CIR. N STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete IIILE Change ■ Addition GUNTER, D. RAY, JR. NAME NAME STREET ADDRESS 13111 CALDWELL ROAD STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP CITY-ST-ZIP HILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP HILE □ Delete Change Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information