2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005956

. VIIKON TRUCKING COMBANIV

FILED Feb 17, 2004 Secretary of State

Entity Name: YUKON TRUCKING COMPANY, INC. **Current Principal Place of Business: New Principal Place of Business:** 127 PINE ST. NEWPORT, NH 03773 **Current Mailing Address: New Mailing Address:** P O BOX 48 NEWPORT, NH 03773 FEI Number: 02-0474075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, DAVID 4650 JUSTINE WOOD RD. FT MYERS, FL 33905 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PTDC () Delete Title: () Change () Addition SKARIN, CHRISTINE W Name: Name: 76 BOYLAND RD Address: Address: City-St-Zip: NEWPORT, NH 03773 City-St-Zip: Title: VD Title: () Delete () Change () Addition WHIPPLE, LORRETTA Name: Name: 127 PINE STREET Address: Address: NEWPORT, NH 03773 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WHIPPLE, TODD Name: Name: 127 PINE STREET Address: Address: City-St-Zip: NEWPORT, NH 03773 City-St-Zip: Title: () Delete Title: () Change () Addition WHIPPLE, CARY L Name: Name: Address: 127 PINE STREET Address: City-St-Zip: NEWPORT, NH 03773 City-St-Zip: Title: Title: () Delete () Change () Addition WHIPPLE, CARY G Name: Name: 127 PINE STREET Address: Address: City-St-Zip: NEWPORT, NH 03773 City-St-Zip: Title: () Delete Title: (X) Change () Addition LORETTA, WHIPPLE Name: Name: LORETTA, WHIPPLE 127 PINE STREET Address: 127 PINE STREET Address: City-St-Zip: GEORGE MILLS, NH 03751 City-St-Zip: GEORGES MILLS, NH 03751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE W. SKARIN PTDC 02/17/2004