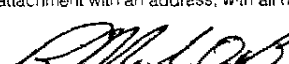


FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # H48438				Secretary of State	
1. Entity Name RES TRUCK LEASING, INC.					
Principal Place of Business 1800 N. ORANGE BLOSSOM TR. P.O.BOX 7627A ORLANDO, FL 32804-5605		Mailing Address PO BOX 540627 P.O.BOX 7627A ORLANDO, FL 32804-5605 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc		02242005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-2647258	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'BRIEN, R MICHAEL 1800 N. ORANGE BLOSSOM TR. ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent					
SIGNATURE _____ Signature typed or printed name of registered agent and this if applicable (NOTE: Registered Agent's signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SUTTON, ROBERT E.	NAME	U00000245208		
STREET ADDRESS	1800 N. ORANGE BLOS.TR.	STREET ADDRESS	02/28/05-80018-004 150.00		
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP			
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SUTTON, ROBERT E JR.	NAME			
STREET ADDRESS	1800 N ORANGE BLOSSOM TR	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP			
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	O'BRIEN, R MICHAEL	NAME			
STREET ADDRESS	1800 N ORANGE BLOSSOM TR	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
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			
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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE:  R. Michael O'Brien 2/28/05 007423170 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Printed #					