## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 22, 2007 08:00 AN Secretary of State DOCUMENT # H95779 1. Entity Name SUNLIGHT TRUCKING, INC. Principal Place of Business Mailing Address 15200 ORANGE AVE. P 0 BOX 246 FT. PIERCE, FL 34945 FT PIERCE, FL 34945 US 08132007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2624755 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHATLEY, RAY D. DO NOT WRITE 15200 ORANGE AVE FT. PIERCE, FL 34982 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. U00000772551 08/22/07-80004-001 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ाता ह SHATLEY, RAY D. NAME STREET ADDRESS 15200 ORANGE AVE CITY-ST-ZP FT. PIERCE, FL TIELE. SHATLEY, EVELYN NAME STREET ADDRESS 15200 ORANGE AVE CITY-ST-ZIP FT PIERCE, FL TITLE DONNELLY, JOSEPHINE D NAME STREET ADDRESS 15200 ORANGE AVE DO NOT WRITE CITY-ST-ZIP FT PIERCE, FL MILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 impowered.

SIGNATURE:

CITY-ST-7/P

ER OR DIRECTOR