2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2008 08:00 AN DOCUMENT # J54576 1. Entity Name **Secretary of State** Z. ANDERSON TRUCKING & GRADING, INC. Mailing Address Principal Place of Business 2700-66TH STREET SOUTHWEST 2700-66TH STREET SOUTHWEST NAPLES FL 34105-7312 NAPLES FL 34105-7312 2. Principal Piece of Business - No P.O. Box # 3. Ma'ling Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2789613 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 Name ANDERSON, ZONNIE F., JR. 2700-66TH STREET SOUTHWEST Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 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 Synature, typed or primed name of regulared report and the Tamplication. fNOTE: Registiried Ager Laminiture required when reliability DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE Delete TITLE Addition ANDERSON, ZONNIE F. JR. NAME NAME STREET ADDRESS 2700-66TH STREET SW STREET ADDRESS U00000813412 CITY-ST-ZIP NAPLES FL CITY-ST-ZIP D Delete 🗖 Cĥange TITLE TITLE 🔲 Addition MAME ANDERSON, ZONNIE F. JR. NAME STREET ADDRESS 2700-66TH STREET SW STREET ADDRESS CHY-SI-ZIP NAPLES FL City-St-7iP TITLE VD De ete TITLE ☐ Change ☐ Addition NAME ANDERSON, VOLLIE G. NAME STREET ADDRESS STREET ADDRESS 2700-66TH STREET SW CITY-ST-719 CITY-ST-7IP NAPLES FL THE Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STAFFT ADDRESS CITY-ST-ZIP COY-SI-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 empowered.

STREET ADDRESS

CITY - ST- ZIP

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: JONN O JUNE TOWN IE F. AKDERSON JR. JAN. 30 2008 239.263 4126