2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 27, 2006 8:00 am **Secretary of State** DOCUMENT # K02583 1. Entity Name 03-27-2006 90279 017 ***150.00 SOUTHERLAND TRUCKING, INC. Mailing Address Principal Place of Business 2154 OLD DIXIE SE VERO BEACH FL 32962 2154 OLD DIXIE SE VERO BEACH FL 32962 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0014511 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOUTHERLAND, DONALD R. Street Address (P.O. Box Number is Not Acceptable) 2154 OLD DIXIE SE VERO BEACH FL 32962 Zip Code 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 Squature typed or prefed name of registered agent and title if applicative (NOTE: Registered Agent signature required when redistance) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change CollibbA 🔲 Delete TITLE TITLE NAME SOUTHERLAND, DONALD R. NAME STREET ADDRESS 2153 OLD DIXIE SWE STREET ADDRESS CITY - ST - ZIP VERO BEACH FL CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME SOUTHERLAND, DONALD R. NAME STREET ADDRESS 2153 OLD DIXIE SW E STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Change CoilibbA [Delete TIT: E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP City-St-7iP ■ Addition ☐ Change ☐ Delete TITLE TITLE 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 exemptions contained in Section 119, Fiorida 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.

NONALD R. SOUTHERLAND 3/17/06 772-567-2893

FILED