2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2007 08:00 AM DOCUMENT # K02583 **Secretary of State** 1. Entity Name SOUTHERLAND TRUCKING, INC. Principal Place of Business Mailing Address 2154 OLD DIXIE SE 2154 OLD DIXIE SE VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE 4. FEI Number 65-0014511 City & State City & State Applied For Not Applicable Zip Country Zip 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 SOUTHERLAND, DONALD R. 2154 OLD DIXIE SE Stroot Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32962 City 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 title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. HILE ☐ Change Delete TITLÈ SOUTHERLAND, DONALD R. NAME NAME 2153 OLD DIXIE SE STREET ADDRESS U00000659090 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 03/16/07-80015-022 150.00 CITY - ST- ZIP TITLE Delete JIJLE ☐ Change Addition SOUTHERLAND; DONALD R. NAME NAME 2153 OLD DIXIE SE STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Defete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY 01-2:2 TITLE TITLE ☐ Delete Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE 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

FILED

12. I hereby cortify that the information supplied with this filing 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

SIGNATURE: Deval R. Southerman Man Man Samuel Samuel