2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2007 08:00 AM DOCUMENT # K09796 **Secretary of State** 1. Entity Namo RICH YAHL TRUCKING, INC. Principal Place of Business . Mailing Address % RICHARD D. YAHL 4330 PINE RIDGE KRD KEXT % RICHARD D. YAHL 4330 PINE RIDGE KRD KEXT NAPLES FL 34119 NAPLES FL 33999 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 65-0030082 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YAHL, JEAN Street Address (P.O. Box Number is Not Acceptable) 4330 PINE RIDGE RD EXT NAPLES FL 34119 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 tille i 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change ☐ Addition HHE Defete 1111 YAHL, JEAN NAME U00000612646 4330 PINE RIDGE EXT 02/05/07-80007-023 150.00 STREET, LADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-7IP CHY-S1-7P me Delete ☐ Change Addition NAMI NAME STREET LANDRESS STREET ADDRESS CHY-S[-7]P CHY-S1-ZIP ☐ Change Idd ☐ Defete шц Addition NAME NAME STRUET ADDRESS STRUET ADDRESS CHY-ST-ZIP CITY-ST-7IP Addition Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP Delete mu ☐ Change Addition HILL NAME NAME STREET ADDRESS STREET ADORESS CHY-St-ZIP CHY-SI-7IP mu ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 Statutos; 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 and typed organized name of signing officer or director Date Date Date Daysime Phone #