2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Apr 07, 2004 08:00 AM Secretary of State DOCUMENT # L76014 1. Entity Name LABONTE TRANSPORTATION SERVICES, INC. Principal Place of Business Mailing Address 187 DAN'S TERRACE 187 DAN'S TERRACE LAKE WALES, FL 33859 LAKE WALES, FL 33859 US US 03232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0204342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent LABONTE, MARK A. DO NOT WRITE 187 DAN'S CIRCLE IN THIS SPACE LAKE WALES, FL 33859 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 if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 100000105843 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 04/07/04-80041-020 150.00 OFFICERS AND DIRECTORS 10. DP TITLE LABONTE, MARK A. NAME 187 DAN'S TERRACE STREET ADDRESS CITY - ST - ZIP LAKE WALES, FL 33859 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 empoyered to execute this proof as required by Chapter 507, 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:

JURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-4-64 863-528-5800