


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90034 014 \*\*\*150.00

<b>DOCUMENT # P00000016932</b>	
1. Entity Name LOT TRUCKING SERVICES, INC.	

Principal Place of Business P.O. BOX 220144 GLENWOOD, FL 32722	Mailing Address P.O. BOX 220144 GLENWOOD, FL 32722
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3628873		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WECKOWSKI, WACLAW 353 SHORE DR. EAST OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name PIERSCINSKI, IRENA Street Address (P.O. Box Number is Not Acceptable) 2110 LEMON STREET City GLENWOOD FL Zip Code 32722	

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: Irena Pierscinski IRENA PIERSCINSKI 03/12/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSCINSKI, JERZY <input type="checkbox"/> Delete 2110 LEMON ST. GLENWOOD, FL 32722	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERSCINSKI, JERZY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2110 LEMON STREET GLENWOOD, FL 32722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSCINSKI, IRENA <input type="checkbox"/> Delete 2110 LEMON ST. GLENWOOD, FL 32722	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERSCINSKI, IRENA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2110 LEMON STREET GLENWOOD, FL 32722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERSCINSKI, PATRICK A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 130 JASMINE WOODS COURT, APT 13D DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jerzy Pierscinski Jerzy Pierscinski 3-12-05 (386) 738-3624  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #