

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022036

FILED
Jul 02, 2004
Secretary of State

Entity Name: DIVERSIFIED TRUCKERS OF THE UNITED STATES, INC.

Current Principal Place of Business:

120 EAST PINE STREET
SUITE 11
LAKELAND, FL 33801

New Principal Place of Business:

122 EAST PINE STREET
LAKELAND, FL 33801

Current Mailing Address:

120 EAST PINE STREET
SUITE 11
LAKELAND, FL 33801

New Mailing Address:

122 EAST PINE STREET
LAKELAND, FL 33801

FEI Number: 59-3638846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIDAY, CLYDE J III
120 EAST PINE STREET
SUITE 11
LAKELAND, FL 33801

Name and Address of New Registered Agent:

HOLLIDAY, CLYDE J III
122 EAST PINE STREET
LAKELAND, FL 33801

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.

SIGNATURE: CLYDE J HOLLIDAY, III

07/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLLIDAY, CLYDE J IV
Address: 2339 MEATH DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HOLLIDAY, CLYDE J III
Address: 653 HUNTER RUN BOULEVARD
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE J. HOLLIDAY, III

D

07/02/2004

Electronic Signature of Signing Officer or Director

Date