

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022036

FILED  
Jan 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

122 EAST PINE STREET  
LAKELAND, FL 33801

**New Principal Place of Business:**

5137 SOUTH LAKELAND DRIVE #2  
LAKELAND, FL 33813

**Current Mailing Address:**

122 EAST PINE STREET  
LAKELAND, FL 33801

**New Mailing Address:**

5137 SOUTH LAKELAND DRIVE #2  
LAKELAND, FL 33813

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  
122 EAST PINE STREET  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

HOLLIDAY, CLYDE J III  
5137 SOUTH LAKELAND DRIVE #2  
LAKELAND, FL 33813 US

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: \_\_\_\_\_

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOLLIDAY, CLYDE J IV  
Address: 12355 CREEK EDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HOLLIDAY, CLYDE J IV  
Address: 12355 CREEK EDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: C. JANNER HOLLIDAY IV

PRES

01/30/2008

Electronic Signature of Signing Officer or Director

Date