## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2008 08:00 A Secretary of State

ANNUAL REPORT			_	Mar 17, 2008 08:
DOCUMENT # P0000029276  1. Entity Name SOUTH LAKE LOADER SERVICE, INC.				Secretary of St
Principal Place of Business 13826 OLD HWY 50 MINNEOLA, FL 34715	Mailing Address 13826 OLD HWY 50 MINNEOLA, FL 34715			
DO NOT WRITE IN THIS SPA		CE	03122008 No Chg-P CR2E034 (11/05)    4. FEI Number	
6. Name and Address of Current Registered Agent GRAGORY, DONALD M 13826 OLD HWY 50 MINNEOLA, FL 34715				NOT WRITE THIS SPACE
The above named entity submits this statement for the ine obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and  Signature.		ed office or register		h. in the State of Florida. I am familiar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing _ \$5	.00 May Be ed to Fees	
10. OFFICERS AND DIT  ITTLE OWNE NAME GREGORY, DONALD M  STREET ADDRESS 13826 OLD HWY 50 CITY-ST-ZIP MINNEOLA, FL 34715  ITTLE VP NAME GREGORY, AMIE D STREET ADDRESS 13826 OLD HWY 50 CITY-ST-ZIP MINNEOLA, FL 34715  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECTORS	-	_	000000861032 04/02/08-80082-017 150.00 NOT WRITE ΓHIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this ling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report of 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: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08

Daytime Phone #