


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P00000035116 1. Entity Name THREE WAY TRUCK & LOADER SERVICE, INC. |  |
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| Principal Place of Business 10345 FRUITVILLE ROAD SARASOTA, FL 34240 | Mailing Address PO BOX 7465 SARASOTA, FL 34278-7465 |
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0998775 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SOMMERS, LINFORD 10345 FRUITVILLE RD SARASOTA, FL 34240 |
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IN THIS SPACE**

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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000383610 01/13/06-80010-003 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOMMERS, LINFORD 10345 FRUITVILLE ROAD SARASOTA, FL 34240 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOMMERS, LOUISE 10345 FRUITVILLE ROAD SARASOTA, FL 34240 |
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12. I hereby certify that the information supplied with this filing 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 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.

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| SIGNATURE: <u>Louise Sommers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>1-9-06</u> <small>Date</small> | <u>(941) 371-1167</u> <small>Daytime Phone #</small> |
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