2004 FOR ROFIT CORPORATION

## May 03, 2004 08:00 AM Secretary of State DOCUMENT # P00000041356 1. Entity Name LAZY S TRUCKING INC. Principal Place of Business Mailing Address 274122 MURRHEE RD. 274122 MURRHEE RD. HILLIARD, FL 32046 HILLIARD, FL 32046 04302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3652449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, DAWN R DO NOT WRITE 274122 MURRHEE RD. HILLIARD, FL 32046 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. Signature, typed or privited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME STEWART, DAWN R 274122 MURRHEE RD. U00000148122 STREET ADDRESS CITY-ST-ZIP HILLIARD, FL 32048 5/103/104-80134-005 TITLE STEWART, GARY W NAME STREET ADDRESS 274122 MURRHEE RD. CITY-ST-ZIP HILLIARD, FL 32046 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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: QUESTIMANT DAVIN STEWART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

3 April, 2004 904-845-1917

FILED