05/13/2004 20:49 18507623757 WAR HORSE

FILED
May 28, 2004 8:00 am
Secretary of State

04-22-2004 90086 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66424774

DOCUMENT # P00000117041

1. Entity Name
WAR HORSE TRUCKING, INC.

04192004 Chg-P CR3E084 (10/03)

Principal Place of Business	Mailing Address
13720 Shuman Ferry Rd. Altha FL 32421	PO Box 66 Altha FL 32421

2. Principal Place of Business	3. Mailing Address
13720 Shuman Ferry Rd.	P.O. BOX 66
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALTHA, FLORIDA	City & State: ALTHA, FLORIDA
Zip: 32421- Country: USA	Zip: 32421-0066 Country: USA

4. FEI Number: 66-1060299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jackson, Kevin
13720 Shuman Ferry Rd.
Altha, FL 32421

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 13720 Shuman Ferry Rd.
City: ALTHA. FL Zip Code: 32421-0066

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: [signature] DATE: 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jackson, Kevin 13720 Shuman Ferry Rd. Altha FL 32421	☐ Delete	Jackson-Kevin 13720 Shuman Ferry Rd, ALTHA, FL 32421-0066	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: [signature] 4/19/04 (239) 945-4139
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #