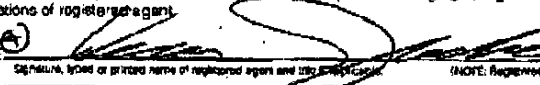


FILED
May 28, 2004 8:00 am
Secretary of State

04-22-2004 90086 010 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000117041					
1. Entity Name WAR HORSE TRUCKING, INC.					
Principal Place of Business 13720 Shuman Ferry Rd. Altha FL 32421			Mailing Address PO Box 66 Altha FL 32421		
2. Principal Place of Business 13720 Shuman Ferry Rd. Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 66 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  DATE 4/19/04					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jackson, Kevin ☐ Delete 13720 Shuman Ferry Rd. Altha FL 32421				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jackson, Kevin ☒ Change ☐ Addition 13720 Shuman Ferry Rd. ALTHA, FL 32421-0066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.					
SIGNATURE  DATE 4/19/04 (39) 945-4939					

66424774



04192004 Chg-P CR35034 (10/03)