## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Sep 06, 2005 08:00 AM Secretary of State DOCUMENT # P0100006382 1. Entity Name C. HOLLAND TRUCKING, INC. Principal Place of Business Mailing Address 12650 ANGEL LAKE DRIVE WEST 12650 ANGEL LAKE DRIVE WEST JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 07092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3691669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLAND, CECIL DO NOT WRITE 12650 ANGEL LAKE DRIVE WEST JACKSONVILLE, FL 32218 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PCFO TILE HOLLAND, CECIL NAME U00000377657 09/07/05-80008-005 150.00 12650 ANGEL LAKE DRIVE WEST STREET ADDRESS JACKSONVILLE, FL 32218 CITY-ST-ZIP NAME STREET ADDRESS CITY -ST - 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 by 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 attachgetingwith an address with all other like empowered. SIGNATURE:

NG OFFICER OR DIRECTOR