2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

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DOCUMENT # P01000032671 1. Entity Name RM TRUCKING, INC.						01-18-2005 90054 002 ***150.00				
Principal Plac	o of Business		ailing Address			-	3 0 0 0 0 0 0 0 0	J		
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12212 SE 111TH COURT 500 NW 43RD STREET STE 3						j				
GAINESVILLE, FL						 	INICI MAM NOMI ROMI ANIM	ES:RE MIS NOI		52) IL 188)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State			4. FEI Number Applied For 59-3711859 Not Applicable				
Zip Country		у	Zip Country		ry				\$8.75 Additional Fee Required	
	6. Name and Add	ress of Current Regis	stered Agent			7: Name and ⊬	Address of New Re			<u></u>
		- Carlotte Control	No. oo Ngom		Name	T. Halle and	100,000 01,1007 110	-gracerou A	90111	
	H, RAMONA			- }	0	(0.0.0)		<u> </u>		
12212 SE 111TH COURT - BELLEVIEW, FL 34420					Street Address (P.O. Box Number is Not Acceptable)					
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					City			FL.	Zip Code	,
	named entity submits tions of registered age		purpose of changing its	registere	ed office or regist	tered agent, or both	n, in the State of Flor	rida. Tam fa	ımiliar with, i	and accept
SIGNATURE			4.07]
	2:3ustries libben or braited us	rne of registered agent and little	in applicable. (NOTE	:: Hagistared	d Agent signature requi	red when rainstating)		DATE		1
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FIL After M	E NOW!!! FEE IS ay 1, 2005 Fee v	\$ \$150.00 viii be \$550.00 OFFICERS AND DIRE	Trust Fund Contr	-		dded to Fees	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-10-05

Daytime Phone #