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Secretary of State
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2008 FOR PROFIT CORPORATION ANNUAL REPORT

66005393

01032008 Chg-P CR2E034 (12/06)

DOCUMENT # P01000039886

1. Entity Name
TD & M TRUCKING INC.

Principal Place of Business	Mailing Address
~~178 MARINER BLVD~~ 40 Wild Winds DR ~~SUITE #202~~ COATS NC ~~SPRING HILL, FL 34609~~ 27521	~~178 MARINER BLVD~~ 40 Wild Winds DR ~~SUITE #202~~ COATS NC ~~SPRING HILL, FL 34609~~ 27521

2. Principal Place of Business - NO P.O. Box # — 14516 County Line Rd — Suite, Apt. #, etc.
Spring Hill FL — Zip 34610 — Country USA

3. Mailing Address — 40 Wild Winds DR — Suite, Apt. #, etc.
Coats NC — Zip 27521 — Country

4. FEI Number 59-3715075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

D'OSTROPH, MARILYNN
~~178 MARINER BLVD~~ 40 Wild Winds DR
~~SPRING HILL, FL 34609~~ Coats NC 27521

7. Name and Address of New Registered Agent

Name: MARILYNN D'Ostroph (TD&M Trucking Inc)
Street Address (P.O. Box Number is Not Acceptable): 5640 ANDREA DR
City: Holiday FL Zip Code: 34690

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
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, 2008 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	P D'OSTROPH, THOMAS JR 40 WILD WINDS DR COATS, NC 27521	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D'OSTROPH, MARILYN 40 WILD WINDS DR COATS, NC 27521	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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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 exemptions contained in Chapter 119, 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: MarilynN D'Ostroph MARilyn D'Ostroph 1-5-08 919-412-1332
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #