2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122340

5900 TEMPO DR.

KEYSTONE HEIGHTS, FL 32656

SZAZECHOWICZ, LARRY H

5955 N. WESTWOOD RD.

MAXVILLE, FL 32234

(X) Delete

Address

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Feb 24, 2004 Secretary of State

Entity Na	me: IRON	HORSE TRUCKII	NG INC. OF MIDI	DLEBURG	3				
Current Principal Place of Business:				1	New Princ	ipal Place	e of Business:		
	DLEHORN JRG, FL 32								
Current Mailing Address:				1	New Mailing Address:				
	DLEHORN JRG, FL 32								
FEI Number: 01-0589621 FEI Number Applied For (pplied For()	FEI Number Not Applicable ()			Certificate of Status Des	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				ı	Name and Address of New Registered Agent:				
4545 SADI	CHARLES I DLEHORN JRG, FL 32	TRAIL							
	named ent e of Florida.		atement for the p	urpose of	changing it	s register	ed office or registered ager	nt, or both,	
SIGNATUI	RE:								
	Elec	ronic Signature o	Registered Age	nt			Date		
Election Car	mpaign Finan	cing Trust Fund Co	ntribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:		() Delete ENNIFER D LEHORN TRAIL RG, FL 32068		N A	Fitle: Name: Address: City-St-Zip:	P LENOX, S [*] 6933 GILD INTERLAC			
Title: Name: Address: City-St-Zip:		() Delete HARLES D LEHORN TRAIL RG, FL 32068		N A	Fitle: Name: Address: City-St-Zip:	V JAMES, W 109 EVER PALATKA,			
Title: Name:	S BRANHAM,	()Delete MELISSA			Γitle: Name:	S CASTLE, V	(X) Change()Addition /IRGIL		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

304 WASHINGTON ST

INTERLACHEN, FL 32148 US

() Change () Addition

SIGNATURE: STEVE LENOX Ρ 02/24/2004