

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084649

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: LEWIS SPECIALIZED TRUCKING, INC.

## Current Principal Place of Business:

11551 SW 10TH STREET  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

185 FORT MILTON DRIVE  
JACKSONVILLE, FL 32220

## Current Mailing Address:

11551 SW 10TH STREET  
PEMBROKE PINES, FL 33025

## New Mailing Address:

185 FORT MILTON DRIVE  
JACKSONVILLE, FL 32220

FEI Number: 05-0524770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEWIS, ANTHONY D  
11551 SW 10TH STREET  
PEMBROKE PINES, FL 33025 US

## Name and Address of New Registered Agent:

LEWIS, ANTHONY D  
185 FORT MILTON DRIVE  
JACKSONVILLE, FL 32220 US

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.

SIGNATURE: ANTHONY LEWIS

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEWIS, ANTHONY D  
Address: 11630 SW 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: LEWIS, DAVID W  
Address: 11630 SW 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LEWIS, ANTHONY D  
Address: 185 FORT MILTON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D (X) Change ( ) Addition  
Name: LEWIS, DAVID W  
Address: 185 FORT MILTON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

Title: S ( ) Change (X) Addition  
Name: CAMILLE LEWIS,  
Address: 185 FORT MILTON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: ANTHONY LEWIS

D

04/21/2006

Electronic Signature of Signing Officer or Director

Date