

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/


**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90323 027 \*\*\*150.00

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03162004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000086310</b>					
1. Entity Name ON TIME HEAVY EQUIPMENT HAULING, INC.					
Principal Place of Business 14321 GOLDENVIEW GRAND ISLAND, FL 32735			Mailing Address 14321 GOLDENVIEW DR. GRAND ISLAND, FL 32735		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 36-4502747				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, LORENZO 14321 GOLDENVIEW DR. GRAND ISLAND, FL 32735				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Lorenzo Davis</i>				DATE <i>4/30/04</i>	
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	DAVIS, LORENZO				
STREET ADDRESS	14321 GOLDENVIEW DR				
CITY- ST- ZIP	GRAND ISLAND, FL 32735				
TITLE	V	<input checked="" type="checkbox"/> Delete			
NAME	LAWRENCE, JAMES JR.				
STREET ADDRESS	2450 NW 94TH STREET				
CITY- ST- ZIP	MIAMI, FL 33147				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	LEE, ARVIN				
STREET ADDRESS	36735 SUNDANCE DR				
CITY- ST- ZIP	GRAND ISLAND, FL 32735				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	BOWERS, KEVIN				
STREET ADDRESS	36722 SUNDANCE DR				
CITY- ST- ZIP	GRAND ISLAND, FL 32735				
TITLE	T	<input checked="" type="checkbox"/> Delete			
NAME	YOUNG, ELEASE				
STREET ADDRESS	2226 MENOMEE CT				
CITY- ST- ZIP	ORLANDO, FL 32809				
TITLE	T	<input checked="" type="checkbox"/> Delete			
NAME	ASHLEY, TIMOTHY J				
STREET ADDRESS	7322 NORMANDY BLVD.				
CITY- ST- ZIP	JACKSONVILLE, FL 32205				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <i>Lorenzo Davis</i>				DATE <i>4/30/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					