

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3.

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90754 028 ***150.00

DOCUMENT # P03000000414					
1. Entity Name DAVID MCFARLAND TRUCKING, INC.					
Principal Place of Business 5621 NW 168 ST ALACHUA, FL 32615			Mailing Address 5621 NW 168 ST ALACHUA, FL 32615		
2. Principal Place of Business Suite, Apt. #, etc.:		3. Mailing Address Suite, Apt. #, etc.:			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST. 4 FLR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: <u>David L. McFarland</u> Street Address (P.O. Box Number is Not Acceptable): <u>5621 NW 168 St</u> City: <u>Alachua</u> <u>FL</u> <u>32615</u>			
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: <u>David L. McFarland</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-29-04</u>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <u>DPST</u> <input type="checkbox"/> Delete NAME: <u>MCFARLAND, DAVID L</u> STREET ADDRESS: <u>5621 NW 168 ST</u> CITY-ST-ZIP: <u>ALACHUA, FL 32615</u>			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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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: <u>David L. McFarland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4-29-04</u> <u>352-472-2823</u> <small>Daytime Phone #</small>	

66424516



01092004 Chg-P CR2E034 (10/03)

4. FEI Number: 30-037917 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required