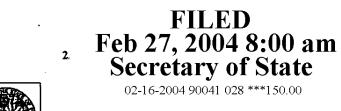
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Name U TRUCK		4/2				02 10 20	012001	1 020	130.00
Principal Place of Business 620 TOLEDO ROAD NORTH PORT, FL 34287		Mailing Address 620 TOLEDO ROAD NORTH PORT, FL 34287							
2. Principal Pi	lace of Business Toledo Rd	3. Mailing Address		<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		<b></b>	4. FEI Number 30 - 0	3165276			plied For t Applicable
₹ <u>₹</u>		Zip	Country	,		of Status Desired	F	8.75 Add	
المنتف ليرجع	8. Name and Address of Current F	Registered Agent	==	Name	7. Name and	Address of New Re	gistered A	gent	
BECRAFT, DOUGLAS 620 TOLEDO ROAD NORTH PORT, FL 34287			-	Street Address (P.O. Box Number is Not Acceptable)					
٠,			-	City			FL	Zip Code	,
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	office or register	red agent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE Signature, typed or pinted name of registered agent and title & applicable. (NOTE: Registered Agent algorithm whom remotating)  DATE									
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Contr			.00 May Be led to Fees				
10.	OFFICERS AND		11.	<del></del>	ADDITIONS	CHANGES TO OFFI			
NAME STREET ADDRESS CITY-ST-ZIP	D BECRAFT, DOUGLAS 620 TOLEDO ROAD NORTH PORT, FL 34287	□ Delete .	TITLE NAME STREET CAY-S	ADDRESS T-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECRAFT, SONDRA 620 TOLEDO ROAD NORTH PORT, FL 34287	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP				Change	☐ Addition
TITLE		Delete	TOLE	صحب يبعدت				Change ==	≃
STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S'	ADORESS T-ZIP			'		-
NAME STREET ADDRESS CITY-ST-ZIP	**************************************	E Deleté	NAME STREET CITY-ST	ADORESS	شدول و المحتودوم الهيد بسيست الا التو الا	ب سرید پروسویت میدی قد		Change	Addition -
THLE NAME STREET ADDRESS		☐ Delete	TITLE	ADDRESS				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Delets		ADORESS				Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that mi wered to execute this report	ny signatui as require	ption stated in Se re shall have the	same legal effect, Florida Statute	ot as if made under o as; and that my name	ath: that I ar	n an officer Block 10 or	or director Block 11 if

Alfachment



#66403545

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 4, 2004

U TRUCK INC. 630 TOLEDO ROAD NORTH PORT, FL 34287

SUBJECT: U TRUCK INC.— Ref. Number: P03000036472

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Make the necessary correction(s), sign and return the approved 2004 annual report form enclosed with your check for \$150 for filling.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

If you have any questions concerning the filling of your document, please call——(850) 245-6059.

Ruby Dunlap Document Specialist

Letter Number: 204A00007443