2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2007 08:00 AN Secretary of State DOCUMENT # P03000043193 1. Enlity Name LEWIS TRUCKING ENTERPRISES, INC. Principal Place of Business Mailing Address 14808 NORTH 30TH STREET LUTZ FL 33559-3113 14808 NORTH 30TH STREET LUTZ FL 33559-3113 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 02-0687479 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ISAAC, ROOSEVELT S SR. Street Address (P.O. Box Number is Not Acceptable) 347 SOUTH ORANGE AVENUE ARCADIA FL 34266 City Zip Code 8. The above named onlity 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THE Change ■ Addition ☐ Defete TITLE LEWIS. FREDERICK S NAME NAME 14808 N. 30TH ST. STREET ADDRESS STREET ADDRESS U00000644979 LUTZ FL 33559-3113 /Ñ2/Ñ7-80065-<u>014 158.75</u> CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST- ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS C(1Y-S1-7)P CITY-ST-7IP ■ Addition Change TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THLE ☐ Delele TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESERVES LEWIS 2/16/07 (813)760-3494

ORDINECTOR

Date Despress Phone 8

FILED