2004 FOR PROFIT CORPORATION

FILED Mar 10, 2004 8:00 am Secretary of State **ANNUAL REPORT** 03-10-2004 90015 009 ***150.00

DOCUMENT # P03000050790 1. Entity Name SCOTT'S TRUCKING & HAULING INC. 54016592 Principal Place of Business Mailing Address 6512 A CHASEWOOD DRIVE NO. 6512 A CHASEWOOD DRIVE NO. JUPITER, FL 33468 JUPITER, FL 33468 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 CR2E034 (10/03) FEI Number City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, RONDA Street Address (P.O. Box Number is Not Acceptable) 6512 A CHASEWOOD DRIVE NO. JUPITER, FL 33468 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVD TITLE ☐ Defete TITLE ☐ Addition NAME SCOTT, RONDA NAME 6512 A CHASEWOOD DRIVE NO. STREET ADDRESS STREET ADDRESS JUPITER, FL 33468 CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CUTY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 attaching in with an address, with all other like empowered.

SIGNATURE:

FFICER OR DIRECTOR

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