FILED Jul 19, 2004 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)	i.

009 041 ***150.00

1. Entity Name			07-19-2004 90009 041 ***150.00		
LBJ TRUCKING ENTER	RPRISES, INC	•			
DO NOT WRITE	IN THIS S	PACE			
2. Principal Place of Business	3. Mailing Address		54063360		
326 N. 10TH AVE. Suite, Apt. #, etc.	Suite, Apt. #, etc.	OTH-AVE.	DO NOT WRITE IN THIS SPACE		
City & State ARCADIA, FL. 34266	City & State ARCADIA	FL.34266		Ap _j Vot	
Zip Country 34266 DESOTO	Zip 34266	Country	5. Certificate of Status Desired 5. Fee Requi		
DO NOT WIDTE		Name ROO Street Address	7. Name and Address of Current Registered Agent ~ SEVELT S. ISAAC, sr. (P.O. Box Number is Not Acceptable) SOUTH ORANGE AVE.	<u>/</u>	
The above period antity submits this statement to			ADIA ; FL Zip Cc 342	6 (

1. PRES
(NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

\$8.75 Additional Fee Required

Zip Code 34266

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITI F PRESIDENT TITI F LARRY BROWN, JR. NAME NAME STREET ADDRESS STREET ADDRESS 326 N. 10TH AVE. CITY-ST-ZIP CITY-ST-ZIP <u>ARCADIA, FL. 34266</u> TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034B (12/01)

Alachment

54063360

#P03000051440

Dear Sir: We didn't recieve a Notice before now about our Corp, Status and will you Please Waiver the late fee of \$400,00. Enclosed is my regular fee of \$ 150.00 That you for your Cooperation in this matter,

Sincerely.

President Lang Brut