2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2005 8:00 am
Secretary of State
04-19-2005 90392 025 ***150.00

1st MOORE CR2E034 (10/04)

DOCUMENT # P03000083428

1. Entity Name
LEON L BEYER TRUCKING, INC.

Principal Place of Business	Mailing Address
~~4205 FLOATING ORCHID CT.~~ ST. CLOUD FL ~~34772~~	~~4205 FLOATING ORCHID CT.~~ ST. CLOUD FL ~~34772~~

2. Principal Place of Business	3. Mailing Address
5522 LAKE Lizzie DRive	5522 LAKE Lizzie Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. Cloud FL	City & State: ST. Cloud FL
Zip: 34771 Country: USA	Zip: 34771 Country: USA

4. FEI Number 35-2212241 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BEYER, LEON L
~~4205 FLOATING ORCHID CT.~~ 5522 LAKE Lizzie Drive
ST. CLOUD FL ~~34772~~ 34771

7. Name and Address of New Registered Agent

Name: Leon L. Beyer
Street Address (P.O. Box Number is Not Acceptable): 5522 LAKE Lizzie Drive
City: ST. CLOUD FL Zip Code: 34771

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: [signature] Date: 4/10/05

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BEYER, LEON L		NAME	
STREET ADDRESS	~~4205 FLOATING ORCHID CT.~~ 5522 LAKE Lizzie Drive		STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL ~~34772~~ 34771		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BEYER, DEBORAH L		NAME	
STREET ADDRESS	~~4205 FLOATING ORCHID CT~~ 5522 LAKE Lizzie Drive		STREET ADDRESS	
CITY-ST-ZIP	SAINT CLOUD FL ~~34772~~ 34771		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			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-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			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-ST-ZIP	

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: [signature] Date: 4/10/05 Daytime Phone #: 4078918761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR