2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 2007 8:00 am Secretary of State DOCUMENT # P03000085947 1. Entity Name 02-16-2007 90033 011 ***150.00 MIKE HENRY AUTOMOTIVE & TRUCKING INC Principal Place of Business Mailing Address P O BOX 15 P O BOX 15 **ELLENTON FL 34222 ELLENTON FL 34222** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOX 14141 HIGHLAND RD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 20-0134045 PARRISH, F ELLENTON, Not Applicable \$8.75 Additional 5. Certificate of Status Desired <u>JSÁ</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENDY HENRY HENRY, WENDY Stroet Address (P.O. Box Number is Not Acceptable) 2723 93RD CT EAST PALMETTO FL 34221 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. | am familiar with, and accept the obligations of registered agent WENDY HENRY 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 Change HILL ☐ Delete HILL Addition HENRY, MIKE HENRY, MIKE 14141 HIGHLAND RD. NAMI NAMI 2723 93RD CT EAST STREET LADDRESS STREET ADDRESS PALMETTO FL 34221 CHY SL 7IP CITY ST ZIP <u>PARRISH, FL. 34219</u> HILLE ☐ Defete 1000 Change ☐ Addition NAM NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CHY+S1 7/P ☐ Delete 11111 ☐ Change Addition THILE NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST 7IP ☐ Delete Change ☐ Addition NAMI STREET ADDRESS STREET ADDINESS CHY-ST 7/P CITY ST-7IP ☐ Delete ☐ Change Addition 1000 9111 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST 7IP Delete ☐ Change Addition THE NAM STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-ST ZIP 12. I hereby 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 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.

FILED