2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # POSOOORSSOO

FILED Mar 13, 2008 08:00 AN Secretary of State

1. Entity Name WAYNE ROWLAND TRUCK		
Principal Place of Business 3793 HWY 441 SE OKEECHOBEE, FL 34974	Mailing Address 3793 HWY 441 SE OKEECHOBEE, FL 34974	

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3793 HWY 4	e of Business 41 SE E, FL 34974	Mailing Address 3793 HWY 441 SE OKEECHOBEE, FL 34974				
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DO NOT WRITE IN THIS SPACE		CE	02192008 No Chg-P CR2E034 (11/05)			
			4. FEI Number 42-160		Applied For Not Applicable	
	•	• • • • • • • • • • • • • • • • • • •		5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		,		,
	D, WAYNE HWAY 441 SE DBEE, FL 34974		, , ,		NOT WR THIS SPA	
the obligat	named entity submits this statement for lions of registered agent.	the purpose of changing its register	I ed office or registe	ered agent, or bo	th, in the State of Florida.	am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOIE Register)	ed Agent signature require	ed when reinstating)		DATÉ
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		5.00 May Be ded to Fees	00000085 03/28/08-80	6538 016-006 150.00
10.	OFFICERS AND E	IRECTORS	_			• :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLAND, WAYNE (3.60)HWY 441 SE OKEECHOBEE, FL 34974				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. , ;	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA	CE
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ty .			
12. Thereby	certify that the information supplied with t	his filing does not qualify for the ex	emptions containe	ed in Chapter 11	9. Florida Statutes, I furth	er certify that the information

indicated on this report or supplied with this liting does not quality for the exemptions contained in Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08