2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P03000086526** 04-05-2004 90025 027 ***150.00 1. Entity Name IM TRUCKING, INC. Principal Place of Business. Mailing Address **PAT7149** 13078 CENTENNIAL ST. SPRING HILL FL 34609 13078 CENTENNIAL ST. SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FFI Number Applied For 20-0145856 Not Applicable Zio Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKINNE PAMELA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. <u> 15489</u> CORTEL **BLV** 4TH FLOOR MIAMI FL 33145 BRODKSVILLE Zip Code 34611 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 obligation (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE TITLE ☐ Addition ☐ Delete Change | IRONS, JOHN M NAME NAME 13078 CENTENNIAL ST. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP COTY-ST-ZIP ☐ Delete ☐ Change TIME TITLE Addition IRONS, JOHN M III NAME NAME STREET ADDRESS 13078 CENTENNIAL ST. STREET ADORESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME IRONS, SYLVIATA STREET ADDRESS 13078 CENTENNIAL ST STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change MALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7/P TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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. 3526880134 SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED