2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2006 08:00 AM DOCUMENT # P03000130841 **Secretary of State** 1. Entity Name GAINEY TRUCKING, INC. Principal Place of Business Mailing Address 1682 EAGLE NEST LN. 1682 EAGLE NEST LN. MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite. Apt. It, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1210063 Not Applicat Z_{iD} Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOOMER, GEORGE M III Street Address (P.O. Box Number is Not Acceptable) 4429 C R 218TH W. MIDDLEBURG FL 32068 City Zip Code 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 accepthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revistaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8: After May 1, 2006 Fee Will Be \$550.00 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. RILE ☐ Delete THEE ☐ Change - ۾ ندوندين ۾ GAINEY, RICHARD C NAME NAME STREET ADDRESS 1682 EAGLE NEST LN. STREET ADDRESS 江田其中的14日4年近古 DITY-SI-7/P CITY-ST-ZIP MIDDLEBURG FL 32068 Delete 3 11)7 Change ☐ Addition 5555 NAME NAME STREET ADDRESS STREET ADDRESS C114-S1-21P CITY-SI-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 7177.3 MARK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Collete Change ☐ Addition TITLE 3337E NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7/P CITY-ST-ZIP ☐ Delete Change Addition | TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-79 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

Triney

FILED

3-26-06 904-882-2238