2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State DOCUMENT # P03000144670 RENWICK'S TRUCKING, INC. Principal Place of Business Mailing Address 16668 SE 49TH STREET ROAD 16668 SE 49TH STREET ROAD OCKLAWAHA, FL 32179 US OCKLAWAHA, FL 32179 02112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 61-1460740 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RENWICK, RANDY L DO NOT WRITE 16668 SE 49TH STREET ROAD OCKLAWAHA, FL 32179 IN THIS SPACE 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 registe **SIGNATURE** printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 000000940217 05/28/08-80057-017 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RENWICK, RANDY L NAME STREET ADDRESS 16668 SE 49TH STREET ROAD CITY-ST-ZIP OCKLAWAHA, FL 32179 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 trusted 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 an other like empowered.

SIGNATURE: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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