FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2004 8:00 am Secretary of State

1. Entity Name & Trucking INC,					04-16-2004 90062 019 ***158.75		
DO NOT WRITE IN THIS SPACE					94053832		
	Place of Business 14 SR 6 2	3. Mailing Address	× 34			. • .	· .,
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	ette FL	City & State Crish	FL		Number) -0468918		Applied For Not Applicable
7in	834 Country USA		Country V S /		rtificate of Status Desired	\$8.75 Fee Red	Additional
7. Name and Address of Current Registered Agent Name							
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)							
	IN THIS SP	하는 그의 사람들은 사람들은 사람들은 사람들이 되었다.	318	244 4	52 ()		
			City	10 # 6	JK 67	FL Zip	Code 2 2 /
8. The above	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	gistered office or re	egistered agen	t, or both, in the State of Florida.		vith, and accept
SiGNATURE .	Signature, typed or primed name of registered agent.	George Water	Percy egistered Agent signature	required when rains		2-05	/
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State			Election Campaign Financin Trust Fund Contribution.	~ _ *	55.00 May Be dded to Fees
10. TITLE	OFFICERS AND	DIRECTORS	TITLE	A ANTANA ANA ANTANA		e sans	
NAME STREET ADDRESS CITY-ST-ZIP	George Perin	3 <i>3</i> 83 <i>4</i>	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADORESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CHT/-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE	
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	Certify that the information supplied with	this filing does not qualify for th		d in Section 11	9.07(3)(i), Florida Statutes. I furth	er certify that	the information

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 on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perry

4-12-04

941-032-2123