2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 17, 2006 08:00 AN **DOCUMENT # P04000002152 Secretary of State** HARVISON TRUCKING, INC. Principal Place of Business Mailing Address 13611 BEARS DEN TRAIL 13611 BEARS DEN TRAIL RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 07102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0856669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARVISON, RONALD E DO NOT WRITE 13611 BEARS DEN TRAIL RIVERVIEW, FL 33569 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 registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when minutating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 мау во in accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE NAME HARVISON, RONALD E 13611 BEARS DEN TRL. STREÉT ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE U00000570422 07/17/06-80001-004 150,00 NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 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

STREET ADDRESS CITY-ST-ZIP

SQUATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

7-71-06

813 6333128

FILED