2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State

Daylime Phone #

| | MENT # P0400000358 | | Secretary of State | | | |
|--|--|---|---|--|--|----------------------|
| Enlity Name FAST LANE TRUCKING & EXCAVATION INC. | | | | | | |
| Principal Plac | | failing Address 16778 72ND ROAD NORTH | | 1 | | |
| 16778 72ND ROAD NORTH LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 | | | | | | |
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| _ | A NAT WOLTE | | 04122006 No Chg-P CR2E034 (11/05) | | | |
| U | O NOT WRITE I | (CE | 4. FEI Number 20-0513098 | | Applied For Not Applicable | |
| | | A to the second | Acceptable Substitutes and | 5. Certificate of Status Desi | | 5 Additional equired |
| | 6. Name and Address of Current Regi | stered Agent | | | | 4 |
| FULKS, MI 16778 72N | ID ROAD NORTH | | DO NOT | | | |
| LOXAHAT | CHEE, FL 33470 | | | IN THIS | SPACE | |
| | | | 1 | ** | | |
| | named entity submits this statement for the ions of registered agent. | purpose of changing its regist | ered office or registe | ered agent, or both, in the State | of Florida. I am familiar | with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and site | all applicable. (NOTE Registe | ered Agont signature require | d when reinstating) | DATE | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Fin Trust Fund Contribution | | 5.00 May Be ded to Fees | | |
| 10. | OFFICERS AND DIRE | CTORS | 3. | | | |
| TITLE NAME | P FULKS, MICHAEL | | | | | V |
| STREET ADDRESS | 16778 72ND ROAD NORTH | | 1 | | | |
| CITY-ST-ZIP | LOXAHATCHEE, FL 33470 | * 3 | 10.7 | | J00000539561 | |
| TITLE NAME | VP FULKS, JODIE | | 1 | U5/1 | 09/06-80106- | .010 150 <u>.</u> 00 |
| STREET ADDRESS | 16778 72ND ROAD NORTH | | | | | |
| CITY-ST-ZIP TITLE | LOXAHATCHEE, FL 33470 | | | And the second s | and the second | Tankara (a. 1944) |
| NAME | | | | | ه کمه بیعیده م | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO NOT | WRITE | |
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| TITLE | | | -[| | | |
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| TITLE | | | 1 | | | 1 |
| NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | _ | | 1 | | | |
| 12. I hereby of indicated of the cor- | pertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers | filing does not qualify for the e | exemptions container nature shall have the | d in Chapter 119, Florida Statu same legal effect as if made u | ites. I further certify that inder oath; that I am an o | the information |