2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 28, 2007 8:00 am DOCUMENT # P04000088543 -**Secretary of State** 02-28-2007 90008 017 ***150.00 JAMES C. ASKIN TRUCKING INC. Principal Place of Business Mailing Address 1040 FOX HUNT DRIVE WINTER HAVEN FL 33880 1040 FOX HUNT DRIVE WINTER HAVEN FL 33880 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 20-1316119 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 412KIN GKIN PANTI AAKIN, PATTI LEA 1040 FOX HUNT DR Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880 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 accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRES IIILE ☐ Delete TITLE Change ASKIN, JAMES C NAME NAME 1040 FOX Hunt DRIVE 700 LAKE JESSIE DRIVE STREET ADDRESS STREET ADDRESS WINTER HAVEN PL 33881-CITY-S1-ZIP CITY-ST-7(P Winter HAVEN FL 33880 SECR- UP. ☐ Addition TITLE Delete THEF ASKIN, PATTI L NAME NAME 1040 For Hunt DRIVE 700 LAKE JESSIE DRIVE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 39881 CITY-ST-ZIP CITY ST-7IP Winter HANON FL IIIE TITLE Change Addition Delete LICARI, CHRISTOPHER J NAME NAME 1840 FOX HUNT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL-33880 CHY-ST-ZIP TITLE ☐ Delete TITLE CARL WAYNE PRICE ☐ Change Addition NAME NAME 5660 JENNINGS Road STREET ADDRESS STREET ADORESS Haires city FL 33844 CITY-SI-ZIP CITY-ST-ZIP Delete Change Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 eath; 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.

FILED

188 6018 40/16