2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 08:00 AN Secretary of State DOCUMENT # P04000090997 1.*Entity Name Q V D TRUCKING INC. Mailing Address Principal Place of Business 6205 SE 46TH AVENUE ROAD 6205 SE 46TH AVENUE ROAD OCALA, FL 34480 US OCALA, FL 34480 US ~~~\#\@\#\\&.~ 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1235530 Not Applicable The first of the second \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STANDRIDGE, ERNEST K DO NOT WRITE 6205 SE 46TH AVENUE ROAD OCALA, FL 34480 IN THIS SPACE The state of the s 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. e e sei jese i e TITLE 世上的政策(1977年),1984年(新藝術等等)。 1987年(1977年),1984年(新藝術等等) STANDRIDGE, ERNEST K NAME U00000558865 U5/17/06-80118-010 150.00 6205 SE 46TH AVENUE ROAD STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TITLE VP D STANDRIDGE, ELAINE V NAME 6205 SE 46TH AVENUE ROAD STREET ADDRESS DITY-ST-7JP **OCALA, FL 34480** TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP with any ring light timber to a local office of the above to the setting of the TITLE TOO MARKETAND AND FERRING A DESCRIPTION market the second second second second NAME STREET ADDRESS CITY-ST-ZIP TITLE THE PARTY OF THE P NAME STREET ADDRESS the contract contract the contract of the contract of om tre daily as the little and the CITY-ST-ZIP

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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 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #