2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with

SIGNATURE:

FILED Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # P04000091494 1. Entity Name REGIS TRUCKING INC. Principal Place of Business Mailing Address 12767 DUNNS VIEW DR 12767 DUNNS VIEW DR JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3302298 Not Applicable Zip Ζ:p Country Country \$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 Name RODRIGUEZ, REGIS J Street Address (P.O. Box Number is Not Acceptable) 12767 DUNNS VIEW DR JACKSONVILLE FL 32218 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 Signature, typed or printed habit of registered agent and the Tappicable (NOTE: Registered Agent signature required when restation of DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME RODRIGUEZ, REGIS J NAME U000008053<u>6</u>7 12767 DUNNS VIEW DR STREET ADDRESS STREET ADDRESS 02/05/08-80106-011 150.00 City-St-7iP JACKSONVILLE FL 32218 City-St-7IP TITLE ☐ Daiete TITLE ☐ Addition NAME RODRIGUEZ, YAMILET N. WE STREET ADDRESS 12767 DUNNS VIEW DR STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32218 CHY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete THEF Change Addition MAME HAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY+ST-ZIP TITLE Deiele ☐ Change Addition NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change Addition . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature snall 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