2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# P04000105637

Entity Name: O'CALLAGHAN TRUCKING INC

Current Principal Place of Business:

229 24TH CT SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

229 24TH CT SW
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 39-1884579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CALLAGHAN, MICHAEL
229 24TH CT SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: O'CALLAGHAN, MICHAEL
Address: 229 24TH CT SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: DP ( ) Delete
Name: O'CALLAGRAN, MICHAEL
Address: 229 24TH CT SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: V ( ) Delete
Name: HAIN, JOANN
Address: 229 24TH CT SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete
Name: O'CALLAHAN, SHAWN
Address: 613 N HIGH ST
City-St-Zip: PORT BYRON, IL 61275

Title: S ( ) Delete
Name: O'CALLACHAN, TONYA
Address: 20843 246TH ST
City-St-Zip: HAWKEYE, IA 52147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: O'CALLAGHAN, MICHAEL
Address: 229 24TH CT SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: V (X) Change ( ) Addition
Name: O'CALLAGHAN, JOANN
Address: 229 24TH CT SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: T (X) Change ( ) Addition
Name: O'CALLAGHAN, SHAWN
Address: 613 N HIGH ST
City-St-Zip: PORT BYRON, IL 61275

Title: S (X) Change ( ) Addition
Name: O'CALLAGHAN, TONYA
Address: 613 N HIGH ST
City-St-Zip: PORT BYRON, IL 61275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL O'CALLAGHAN DP 01/10/2009

Electronic Signature of Signing Officer or Director — Date