FILED
Jun 06, 2007 8:00 am
Secretary of State
05-04-2007 90080 046 \*\*\*150.00

DOCUMENT # P04000115771  1. Entity Name FATHER & SON TRUCKING, INC.	
Principal Place of Business         Mailing Address           2012 NE 52ND ST.         2012 NE 52ND ST.           0CALA, FL 34479         0CALA, FL 34479	
DO NOT WRITE IN THIS SPA	04172007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applicable 55-0876227 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
REYES, LAZAROJ 2012 MB 52ND ST. 2273 NE 54th St. OCALA, FL 34479	DO NOT WRITE IN THIS SPACE
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 Treatment of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida.  SIGNATURE Signature Treatment of Florida agent and the is applicable.  (NOTE: Registered Agent agent and the is applicable.)	
FILE NOWIJI FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10. OFFICERS AND DIRECTORS  ITTLE  NAME  STREET ADDRESS  CITY-SI-ZP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZP  TITLE  NAME  TITLE  NAME  NAME  NAME	The fight of the state of the s
STREET ADDRESS CITY-ST- ZIP HILE MAME STREET ADDRESS CITY-ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE HAME STREET ADDRESS CITY-SI-ZIP	
NAME STREET ADDRESS CITY-SI-ZP  1.   December of the basic formation as a line with this filler.	\$5.00 ···
12. Thereby 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 suppliemental report is true and securete 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: 5-1-07  SIGNATURE: 5-	