04/26/2006 02:08 7145413100 SPIEGEL & UTR

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90198 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000130181

1. Entity Name
HY-WAY TANKLINES, INC.

Principal Place of Business	Mailing Address
101 AMERICAN CENTER PLACE, STE. 216 TAMPA, FL 33619 US	101 AMERICAN CENTER PLACE, STE. 216 TAMPA, FL 33619 US
2. Principal Place of Business: 1225 E. US Hwy 92 Suite, Apt. #, etc.	3. Mailing Address: P.O. Box 1913 Suite, Apt. #, etc.
City & State: Seffner, Fl.	City & State: Seffner, Fl.
Zip: 33584 Country: Hillsborough	Zip: 33583 Country: Hillsborough

04262006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-1635703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD VAN LENGEN, DARLENE 101 AMERICAN CENTER PLACE, STE. 216 TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 1225 E. US Hwy 92 Seffner, Fl. 33584	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAINS, DONALD L 101 AMERICAN CENTER PLACE, STE. 216 TAMPA, FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 1225 E. US Hwy 92 Seffner, Fl. 33584	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Darlene Sue VanLengen 4-26-06 813-653-3610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #