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Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90219 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000142438

1. Entity Name
A-1 UNLOADING SERVICES, INC.

Principal Place of Business	Mailing Address
411 SKY VALLEY STREET CLERMONT, FL 34711	411 SKY VALLEY STREET CLERMONT, FL 34711

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
21046 N. County Rd. 33		21046 N. County Rd. 33	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Groveland, FL		City & State: Groveland, FL	
Zip: 34736	Country: USA	Zip: 34736	Country: USA

4. FEI Number: 06-1733811 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIN H. SO LAW FIRM, P.A.
5401 S. KIRKMAN ROAD
SUITE 310
ORLANDO, FL 32819

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] 4/25/06
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	P	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	GLINTON, ANTHONY		NAME	Glinton, Anthony	
STREET ADDRESS	411 SKY VALLEY STREET		STREET ADDRESS	21046 N. County Rd. 33	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	Groveland, FL 34736	
TITLE	VP	☐ Delete	TITLE	VPSTD	☒ Change ☐ Addition
NAME	GLINTON, LAVERNE		NAME	Glinton, Laverne	
STREET ADDRESS	411 SKY VALLEY STREET		STREET ADDRESS	21046 N. County Rd. 33	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	Groveland, FL 34736	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 4-25-06 352-396-7678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #