2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P04000145148** 04-29-2005 90271 046 ***159 00 GRIZZLE TRUCKING, INCORPORATED Principal Place of Business Mailing Address 14010355 1602 MONTAUK DRIVE 1602 MONTAUK DRIVE WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address DRIVE 2233*5HomA* <u>22335HOMA</u> DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03082005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ROYM 20-1777171 Not Applicable \$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 DALEY, ROSALIND Street Address (P.O. Box Number is Not Acceptable) 1602 MONTAUK DRIVE WELLINGTON, FL 33414 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. DALEU ROSALINID DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. :JITLE Delete TITLE Change ROSALINID DAKEY 2733 SHOMA DRIVE DALEY, ROSALIND 'NAME NAME STREET ADDRESS 1602 MONTAUK DRIVE STREET ADDRESS ROYAL Palm BEACH, II CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE TITLE ☐ Addition Delete LESTER DALEY 2233 SHOMA DRIVE NAME GIBBS, HARVEL NAME 1602 MONTAUK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP PALM BEACH TITLE ☐ Delete TITLE ☐ 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-7IP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attach ent with an address, with all other like empowered.

ROSALIMID

FFICER OR DIRECTOR

DALC

Date

Daytime Phone #

SIGNATURE: A

FILED