ANNUAL REPORT (AR)

DOCUMENT # P04000171838 1. Entity Name R.D.P. TRUCKING INC.							Mar 26, 2007 08:00 Secretary of State	
4305 19TH AVE W 4				Mailing Addross 1305 19TH AVE W 3RADENTON FL 34209-5126				
2. Principal Place of Business - No P.O. Box # 3.				Mailing Address			1	
Suite, Apt. #, otc			Suite, Apt. #. etc.				1:	St MOORE CR2E034 (10/06)
City & State			City	City & State			4. FEì Num	54-2167568 Applied For
Zip	Country		Zip	Zip		ntry	5. Certificat	e of Status Dosirod S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HEPBURN, WILLIAM JR						7. Name and Address of New Registered Agent Name		d Address of New Registered Agent
430 BRA	S 19TH . ADENTO	AVE W N FL 34209-5126				Street Address (P.O. Box Number is Not Acceptable)		ber is Not Acceptable)
						City	FL Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.							ed agent, or b	
SIGNATURE .	naus ar regis	nereu agom.						{
SIGNATURE.	Signature, type	d or printed name of registered agent	and titla it api	nlicable (NOTE	: Registore	d Agent signatura required	i when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND I				PRS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	D Delete PARKER, RAYMOND D 15601 SR 70 W #23 OKEECHOBEE FL 34974					· (☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete			•	1		04/02/07-80021 TSP. 4989 on	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				TITLE NAM STRE			☐ Change ☐ Addtlion
NAME STREET ADDRESS CITY: ST-ZIP	☐ Delcie			NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS DITY-S1-ZIP				□ Delele	IRE TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE IAME JREET ADDRESS TYY-ST-ZIP	☐ Delete							☐ Change ☐ Addition
indicated of the cor	on this report reporation or ed, or on an	rt or supplemental report is	truo and sowered t	accurate and that mo	ny signa Las regu	ture shall have the:	same legal offe	19, Florida Statutes. I further certify that the information set as if made under oath; that I am an officer or director utos; and that my name appears in Block 10 or Block 11
MAIN	VIII.	SIGNATURE AND TYPED OR	RINTED NA	NE OF SIGNING OFFICER	OR DIRECT	TOR TOR		Qole Daytime Phone ★