2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061409

Entity Name: MID TRUCKING, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5538 OAK CROSSING DRIVE 5538 OAK CROSSING DR JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 LIS US **Current Mailing Address: New Mailing Address:** PO BOX 16952 JACKSONVILLE, FL 32245 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MIMIC, DALIBOR MIMIC, DALIBOR M 5538 ÓAK CROSSING DRIVE 5538 OAK CROSSING DRIVE JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 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. SIGNATURE: DALIBOR MIMIC 04/21/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MIMIC, DALIBOR Name: Name: 5538 OAK CROSSING DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: MIMIC, DALIBOR Name: 5538 OAK CROSSING DR Address: Address: JACKSONVILLE, FL 32244 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIMIC DALIBOR P 04/21/2009