2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90036 003 ***150.00

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1. Entity Name
C L S TRUCKING, INC

60006474

01222007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
21023 LIRIO DRIVE LAND O' LAKES, FL 34637	21023 LIRIO DRIVE LAND O' LAKES, FL 34637
2. Principal Place of Business - No P.O. Box #: 21710 US Hwy 98	3. Mailing Address: PO BOX 752
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DADE CITY, FL	City & State: TRILBY, FLORIDA
Zip: 33523 Country: USA	Zip: 33593 Country: USA

4. FEI Number: 20-3551275 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUTHERLAND, CECIL L 21023 LIRIO DRIVE LAND O' LAKES, FL 34637	Name: SOUTHERLAND, CECIL L Street Address (P.O. Box Number is Not Acceptable): 21710 US HWY 98 City: DADE CITY FL Zip Code: 33523

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: Cecil L Southerland   1-22-07
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, 2007 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	P SOUTHERLAND, CECIL L 21023 LIRIO DRIVE LAND O'LAKES, FL 34637	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOUTHERLAND, CECIL L 21710 US HWY 98 DADE CITY, FL 33523	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Cecil L Southerland   1-22-07   352-583-4384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #