2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE A

PED OR PRINTED NAME OF SIGNING OFFICER OF

Apr 12, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000150725 04-12-2006 90073 011 ***150.00 SOUTHWEST FLORIDA TRUCKING & DIRT HAULING. INC. 40046693 Principal Place of Business Mailing Address 4671 LITTLE LEAGUE ROAD PO BOX 515 IMMOKALEE, FL 34142 IMMOKALEE, FL 34143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc 04042006 Chq-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$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 LEAL, NOE 4671 LITTLE LEAGUE ROAD Street Address (P.O. Box Number is Not Acceptable) IMMOKALEE, FL 34142 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPV ☐ Change ☐ Addition TITLE TITLE ☐ Delete LEAL, NOE NAME NAME STREET ADDRESS PO BOX 515 STREET ADDRESS CITY-ST-ZIP IMMOKALEE, FL 34143 CITY-ST-ZIP Defete ☐ Change ☐ Addition TITLE TITLE NAME LEAL, NOE NAME **PO BOX 515** STREET ADDRESS STREET ADDRESS IMMOKALEE, FL 34143 CITY-ST-ZIP City-St-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete □ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP d with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information sug indicated on this report or supplement of the corporation or the receiver or trichanged, or on an attachment with a

FILED

Daytime Phone #

Date