APR 26,2007 22:43 000-00(e 1

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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90821 005 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000023255

1. Entity Name
LMORALES DUMP TRUCK, INC.

40092207

Principal Place of Business	Mailing Address
1700 EAST HWY. 329 SPARR, FL 32192	1700 EAST HWY. 329 SPARR, FL 32192
2. Principal Place of Business - No P.O. Box # 1783 NW 18 LANE	3. Mailing Address 1620 NW 1st Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Ocala	City & State Ocala, FL
Zip 34475 Country US	Zip 34475 Country US

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4265611 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, LUIS M
1620 NW 1ST. AVE.
OCALA, FL 34475

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE Luis Morales 04-26-07
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 MORALES, LUIS M 1620 NW 1ST. AVE. OCALA, FL 34475 ☐ 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: Luis Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #