2007 FOR PROFIT CORPORATION

Apr 19, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000043366 04-19-2007 90213 046 ***150.00 1. Entity Name D & L TRUCKING OF N FLORIDA INC 4001407 Principal Place of Business Mailing Address 15162 SW 150TH LOOP 15162 SW 150TH LOOP LAKE BUTLER, FL 32054 LAKE BUTLER, FL 32054 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5484769 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 BRIDGMAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 15162 SW 150TH LOOP LAKE BUTLER, FL 32054 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, 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 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE TITLE ☐ Delete Change ☐ Addition NAME BRIDGMAN, DAVID NAME 15162 SW 150TH LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 32054 CITY-ST-ZIP SEC ☐ Delete ☐ Change Addition TITLE NAME BRIDGMAN, LULA NAME STREET ADDRESS STREET ADDRESS 15162 SW 150TH LOOP CITY-ST-ZIP LAKE BUTLER, FL 32054 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME NAME

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 on the receiver or trustee empowered to execute this report as figured by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an a chment with an address

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FICER OR DIRECTOR