FILED Apr 14, 2008 08:00 A Secretary of State

| ANNUAL REPORT | | | | | | |
|---------------------------------------------------------------------|-----------------------|--|--|--|--|--|
| DOCUMENT # P060000 1. Entity Name D & L TRUCKING OF N FLORIDA | | | | | | |
| Principal Place of Business | Mailing Address | | | | | |
| 15162 SW 150TH LOOP | 15162 SW 150TH LOOP | | | | | |
| LAKE BUTLER, FL 32054 | LAKE BUTLER, FL 32054 | | | | | |
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| Principal Place 15162 SW 1: LAKE BUTLE | 50TH LOOP | Mailing Address 15162 SW 150TH LOOP LAKE BUTLER, FL 32054 | | | 31 07 3 08 fau 110 1 7 0 | | | |
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| | O NOT WOITE | INITINO ODA | | 02252008 | No Chg-P | CR2E034 (11/05) | | |
| DO NOT WRITE IN THIS SPA | | LE | 4. FEI Number 20-548 | | Applied Not App | | | |
| F 3 | | | | 5. Certificate | of Status Desired | \$8.75 Additional Fee Required | al l | |
| 6. Name and Address of Current Registered Agent | | | | | 10 to | (G G G G G G G G G G G G G G G G G G G | | |
| LAKE BUT | 150TH LOOP LER, FL 32054 | | | IN] | NOT W | ACE | | |
| 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) OATE = | | | | | | | | |
| | | 1 | • • | • | | 089 <u>4199 </u> | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | .00 May Be led to Fees | 04/24/08 | -80018-014 15 0. 0 |)0 | |
| 10. | OFFICERS AND DIF | RECTORS | | > - _N , | | The state of the s | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRIDGMAN, DAVID 15162 SW 150TH LOOP LAKE BUTLER, FL 32054 | · | | | | | 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC BRIDGMAN, LULA 15162 SW 150TH LOOP LAKE BUTLER, FL 32054 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | DO | NOT W | RITE | , (1 1) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 7 | THIS SF | ACE | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | | | | |

12. I hereby certify that the information supplied with this filling 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 received 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 andress. With all other like empowered.

SIGNATURE:

225 68 386-496-2299

SIGNATURE: Dave

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 25 68 386-496-2299 Date Dayline Proce #