

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90025 034 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # P06000082981 1. Entity Name R & S D TRUCKING INC | | | |
| Principal Place of Business 607 FISHER COURT KISSIMMEE, FL 34759 | | Mailing Address 607 FISHER COURT KISSIMMEE, FL 34759 | |
| 2. Principal Place of Business - No P.O. Box # 4016 Sunburst View Cr | | 3. Mailing Address 4016 Sunburst View Circle | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Kissimmee FL | | City & State Kissimmee FL | |
| Zip 34746 | Country U.S.A | Zip 34746 | Country U.S.A |
| 6. Name and Address of Current Registered Agent DINDIAL, HARDYAL 607 FISHER COURT KISSIMMEE, FL 34759 | | 7. Name and Address of New Registered Agent Name Dindial Hardyal Street Address (P.O. Box Number is Not Acceptable) 4016 Sunburst View Circle City Kissimmee FL Zip Code 34746 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PTS <input type="checkbox"/> Delete NAME DINDIAL, HARDYAL STREET ADDRESS 607 FISHER COURT CITY-ST-ZIP KISSIMMEE, FL 34759 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Dindial Hardyal STREET ADDRESS 4016 Sunburst View Circle CITY-ST-ZIP Kissimmee, FL 34746 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: x <i>Hardyal Dindial</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4.25.07 <small>Date Daytime Phone #</small> | |