NAME

STREET ADDRESS

CITY-ST-ZIP

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2007 8:00 am Secretary of State **DOCUMENT # P06000129900** 02-23-2007 90032 020 ***150.00 75 TRUCKING, INC Principal Place of Business Mailing Address 10775 BRENDLE ROAD 10775 BRENDLE ROAD MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 205703950 Not Applicable Zip Country 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 KELLY, THOMAS Street Address (P.O. Box Number is Not Acceptable) 10775 BRENDLE ROAD MYAKKA CITY, FL 34251 City 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)-9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P TITLE Delete TITLE Change ☐ Addition NAME KELLY, THOMAS NAME STREET ADDRESS 10775 BRENDLE ROAD STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL 34251 CITY-ST-ZIP TITLE ☐ Delete тпг Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

FILED

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:	Thomas WKilly	2-21-07	941-812-2764
SI	SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #