


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**


03-26-2008 90024 047 \*\*\*158.75

<b>DOCUMENT # P06000150633</b>	
1. Entity Name <b>R N R SONS TRUCKING INC</b>	

Principal Place of Business <b>1286 FARLEY AVE SPRING HILL, FL 34606 US</b>	Mailing Address <b>1286 FARLEY AVE SPRING HILL, FL 34606 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1076 CAMBAY LN. Suite, Apt. #, etc. SPRING HILL City &amp; State FLORIDA Zip 34608 Country US.</b>	3. Mailing Address <b>1076 CAMBAY LN. Suite, Apt. #, etc. SPRING HILL City &amp; State FL. Zip 34608 Country US.</b>
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**40052101**



03062008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-8008915</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GOPAUL, ESHWARDIAL 1286 FARLEY AVE SPRING HILL, FL 34606</b>	
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7. Name and Address of New Registered Agent Name <b>ESHWARDIAL GOPAUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1076 CAMBAY LANE</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34608</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>GOPAUL, ESHWARDIAL</b>	
STREET ADDRESS <b>1286 FARLEY AVE</b>	
CITY-ST-ZIP <b>SPRING HILL, FL 34606</b>	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>ESHWARDIAL GOPAUL</b>	
STREET ADDRESS <b>1076 CAMBAY LN.</b>	
CITY-ST-ZIP <b>SPRING HILL FL 34608</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESHWARDIAL GOPAUL</b>	
STREET ADDRESS <b>1076 CAMBAY LN- SPRING HILL FL 34608</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *ESHWARDIAL GOPAUL* **03-22-08 (352)263-9486**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #