


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90011 011 ***150.00

DOCUMENT # P92000004491	
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1. Entity Name
S.T.D. TRUCKING CORPORATION

Principal Place of Business 2327 SPRING LAKE HWY 25601 Hayman BROOKSVILLE, FL 34602 US	Mailing Address 2327 SPRING LAKE HWY 25601 Hayman Road BROOKSVILLE, FL 34602 US
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44014740



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3152413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

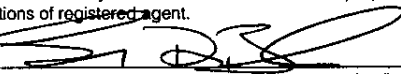
6. Name and Address of Current Registered Agent

DIBLASI, SAMUEL
2327 SPRING LAKE HWY 25601 Hayman Road
SUITE 100
BROOKSVILLE, FL 34602

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

2-25-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIBLASI, SAMUEL T
STREET ADDRESS	2327 SPRING LAKE HWY
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	STD
NAME	DIBLASI, SANDRA
STREET ADDRESS	2327 SPRING LAKE HWY
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-04 352-799-5098