2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2004 08:00 AM DOCUMENT # P93000016337 **Secretary of State** 1. Entity Name D & H TRUCKING OF ORLANDO, INC. Principal Place of Business Mailing Address 4266 MILLET ST SW CONCORD NC 28027 4266 MILLET ST SW CONCORD NC 28027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-3166616 Not Applicable Ζιp Country Zip 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 DARLING, DEBORAH S Street Address (P.O. Box Number is Not Acceptable) 2206 OKADA CT ORLANDO FL 32818 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 fille if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition TITLE TITLE U00000074339 DARLING, HENRY Q NAME NAME STREET ADDRESS STREET ADDRESS 4266 MILLET ST SW 03/03/04-80016-002 150.00 CITY - ST - ZIP CONCORD NC 28027 CITY-ST-ZIP ☐ Change Addition Delete TITLE MLE DARLING, DEBORAH S NAME NAME STREET ADDRESS 4266 MILLET ST SW STREET ADDRESS CONCORD NC 28027 CITY - ST - ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER GEORECTOR

Date

Date