2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 24, 2007 08:00 Al Secretary of State DOCUMENT # P93000016337 1. Entity Name D & H TRUCKING OF ORLANDO, INC. Principal Place of Business Mailing Address 4266 MILLET ST SW 4266 MILLET ST SW CONCORD NC 28027 CONCORD NC 28027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3166616 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 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 Skinature, typed or printed name of registered agent and little r applicable. (NOTE: Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. ☐ Change ШЕ ☐ Detete MUE Addition DARLING, HENRY Q NAME NAMI U00000728660 05/08/07-80008-011 155.00 4266 MILLET ST SW STREET ADDRESS STREET ADDRESS CONCORD NC 28027 CITY-SI-ZIP CITY-SI-ZIP TITLE: ☐ Delete Change Addition DARLING, DEBORAH S NAME NAME 4266 MILLET ST SW STREET ADDRESS STREET ADDRESS CONCORD NC 28027 CBY-SI-7P CHY-SI-7P 11/11 ☐ Delete MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY SI-ZIP ☐ Delete ☐ Change ☐ Addition 1000 THU NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change Addition HITE ☐ Delete ППГ NAME NAME STREET ADORESS STREET ADORESS CITY-S1-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 agrif made under eath: 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. Forrida 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

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SIGNATURE

Date

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