2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: (

May 30, 2006 8:00 am Secretary of State DOCUMENT # P93000027745 04-28-2006 90154 038 ***150.00 1. Entity Name L & M AUTO-TRUCK SERVICE INC. Principal Place of Business Mailing Address PERILIBAS 29235 COUNTY RD 561 TAVARES FL 32778 29235 COUNTY RD 561 TAVARES FL 32778 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3173813 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAVERNIER, MARY Street Address (P.O. Box Number is Not Acceptable) 29235 COUNTY ROAD 561 TAVARES FL 32778 Zio 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Psyable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NTLE MLE Delete Change ☐ Addition TAVERNIER LEONARD L 7617 7800 LOG LANE TAVERNIER, MARY A HALE MALIE STREET ADDRESS 7617 FROG LOG LANE STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-78P AURG, 71 34748 Delete TITLE ☐ Change ■ Addition TAVERNIER, JAMES L NAME STREET ADDRESS 705 SMITH ST STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 34731 CITY-ST-ZIP tun Thelete TIME Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 as if made under oath; that I am an officer or director of the corporation or the receiver or fusive 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 attachroent with an address, with all other like empowered.

FILED