


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000033919</b>	
1. Entity Name DUMP TRUCK SERVICES, INC.	

Principal Place of Business 1156 KIRKWOOD ST NORTH PORT, FL 34286-8110	Mailing Address 1156 KIRKWOOD ST NORTH PORT, FL 34286-8110
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03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0408681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  FAPPIANO, LINDA M 1156 KIRKWOOD ST NORTH PORT, FL 34286-8110	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000099583 03/31/04-80012-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAPPIANO, LINDA M 1156 KIRKWOOD ST NORTH PORT, FL 342868110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS L. FAPPIANIO 4072 DURANT ST MURDOCK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALKENSTERN, PETER 235 WATERWAY CIRCLE PORT CHARLOTTE, FL 33939
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:** Linda M Fappiano 3/27/04 President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #