2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2004 8:00 am Secretary of State DOCUMENT # P95000079813 1. Entity Name 02-18-2004 90002 008 ***150.00 D & M TRUCKING AND TIMBER HARVESTING INC. Principal Place of Business Mailing Address 102 SAWMILL RD. 102 SAWMILL RD. **LE110020** ST. CLOUD FL 34773 ST. CLOUD FL 34773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3329433 Not Applicable 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 Name VANOSDOL, MONETTE Street Address (P.O. Box Number is Not Acceptable) 102 SAWMILL RD. ST. CLOUD FL 34773 City Zip Code FL 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, 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. TITLE TITLE ☐ Change Addition Delete VANOSdol NAME VANOSDOL, DON R NAME STREET ADDRESS 102 SAWMILL RD. STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34773 CITY-ST-ZIP 34773 ☐ Delete ☐ Change ☐ Addition NAME MONNETTE, T NAME 102 SAWMILL RD. STREET ADDRESS STREET ADDRESS ST. CLOUD FL 34773 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

MONNETTE VANOSdol 2-12-84 407-957-9015