2008-FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 01, 2008 08:00 AN Secretary of State DOCUMENT # P96000039805 1. Entity Name R & R SUPERIOR TRUCKING, INC. Principal Place of Business Mailing Address 2880 JOE ASHTON RD 2880 JOE ASHTON RD ST AUGUSTINE, FL 32092 ST AUGUSTINE, FL 32092 US 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3374667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OPP, ROBERT B **DO NOT WRITE** 2880 JOE ASHTON RD ST AUGUSTINE, FL 32092 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS מ TITLE OPP, ROBERT B NAMÉ STREET ADDRESS 2880 JOE ASHTON RD U00000810668 CITY-ST-7IP ST AUGUSTINE, FL 32092 02/08/08-80073-023 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

TOER OR DIRECTOR

0//30/08

Daytime Phone #