2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P97000041835 1. Entity Name W & B TRUCKING, INC. Principal Place of Business Mailing Address 17221 S.W. 65TH COURT FT LAUDERDALE FL 33331 17221 S.W. 65TH COURT FT LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Some Apt. # etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0767108 Not Applicable Zĸs Country Ζıp 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 GARWOOD, WESLEY Street Address (P.O. Box Number is Not Acceptable) 17221 S.W. 65TH COURT FT LAUDERDALE FL 33331 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 1. (Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 me TITLE ☐ Delete ☐ Change Addition GARWOOD, WESLEY NAME MAME 17221 S.W. 65TH COURT STREET ADDRESS STREET ADDRESS City ST-ZIP FT LAUDERDALE FL 33331 CITY-ST-ZIP 3331 F ☐ O∈tete TITLE ☐ Change Addition MAME MARAS STREET ADDRESS STREET ADDRESS 000000053032 CITY-ST-ZIP C3TY - S3 - 23P 158.75 REF Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY ST- ZIP CITY-ST-ZIP TITLE ☐ Delete THE 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-ZIP

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:

**FILED**