

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90308 026 ***158.75

DOCUMENT # P97000068896 1. Entity Name LGL TRUCKING, INC.											
Principal Place of Business PO BOX 3669 CROSSVILLE, TN 38557		Mailing Address PO BOX 3669 CROSSVILLE, TN 38557									
2. Principal Place of Business 4967 Carousel Loop Suite, Apt. #, etc.		3. Mailing Address 4967 Carousel Loop Suite, Apt. #, etc.									
City & State Marianna, FL		City & State Marianna, FL									
Zip 32448	County	Zip 32448	Country								
4. FEI Number 59-3466955		Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent JOHNSON, KEITH H ESQ. 8810 GOODBY'S EXECUTIVE DRIVE, SUITE A JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PD LEITZ, L G BREWER ROAD PO BOX 3669 CROSSVILLE, TN 38557 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEITZ, L G BREWER ROAD PO BOX 3669 CROSSVILLE, TN 38557		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PD LEITZ, L G 4967 Carousel Loop Marianna, FL 32448 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEITZ, L G 4967 Carousel Loop Marianna, FL 32448		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Leonor G. Leitz</u> <u>Leonor G. Leitz</u> <u>4/26/05</u> <u>850-482-4608</u> <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>											