2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

DOCUMENT # P98000037719 FORDYCE TRUCKING CO. Principal Flace of Business 1/45 SAW0000 ORBLE N LIGHT ADERS 1/120 ISH 51 NE LIGHT ADERS 1/13963 2. Principal Flace of Business 1/45 SAW0000 ORBLE N LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH 51 Ne LIGHT ADERS 1/13963 2. Principal Flace of Business 1/20 ISH		AITHOAL	IXE: OIXI		Secretary or State
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PINTER, MICHAEL R 4328 CORPORATE SQUARE SUITE C SUITE C NAPLES, FL 34104 City FL Zip Code 8. The above numed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the familiar with accept the familiar with, and accept the familiar with accept the familiar with accept the f	341	20	33911		5. Certificate of Status Desired Fee Required.
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### Street Accress (P.O. Box Number is Not Acceptable) Street Accress (P.O. Box Number is Not Acceptable)	PINTER, N	MICHAEL R			<u> </u>
City FL Zip Code	4328 COR	PORATE SQUARE		Street Ad	dress (P.O. Box Number is Not Acceptable)
6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature Institute Signature Institute Signature Institute Institute		FL 34104			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Supplier typed or printed name of registered agent and 160 if applicable. (In OTE Registered Agent Montuse required with remassing) DATE		•		City	Zip Code
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