2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90216 021 ***150.00

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DOCUMENT # P99000027398

1. Entity Name
BUD LUNSFORD TRUCKING, INC.

Principal Place of Business	Mailing Address
4316 MAINE AVE LAKELAND, FL 33801	4316 MAINE AVE LAKELAND, FL 33801

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1286 Holy Cow Rd.	P.O. Box 117
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Polk City, Fla.	City & State: Polk City, Fla.
Zip: 33868 Country: Polk	Zip: 33868 Country: Polk.

4. FEI Number 59-3573822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUNSFORD, LEWIS R 4316 MAINE AVE LAKELAND, FL 33801	Name: Martha K. Lunsford Street Address (P.O. Box Number is Not Acceptable): 1286 Holy Cow. Rd. Polk City. Fl. City: FL Zip Code: 33868

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: Martha K. Lunsford President 4-5-04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LUNSFORD, LEWIS R 4316 MAINE AVE LAKELAND, FL 33801	☒ Delete	President MARTHA K Lunsford 1286 Holy Cow Rd. Polk City, Fl. 33868	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Martha K. Lunsford Martha K Lunsford 4-5-04
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #