.2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P99000050906 1. Entity Name TRIPLE "H" TRUCKING, INC. Principal Place of Business _ ... Mailing Address 2306 SAN DIEGO AVE 2306 SAN DIEGO AVE FT PIERCE FL 34946 FT PIERCE FL 34946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0925331 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDLEY, PINKIE 2306 SAN DIEGO AVE Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34946 City Zip Code FI 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 FILE NOW!!! FEÉ IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition HILE U000000291311 SNEAD, HENRY NAME NAME 04/07/05-80025-008 150.00 6028 INDRIO ROAD, #M4 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP FORT PIERCE FL 34951 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME HENDLEY, PINKIE STREET ADDRESS 2306 SAN DIEGO AVENUE STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34946 CITY-ST-ZIP TITLE ☐ Delete TeT1 F Change Addition HENDLEY, ROBERT III NAME NAME STREET ADDRESS 860 4TH LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 0174-S1-7P ☐ Delete Change ☐ Addition NAME HENDLEY, JEROME NAME 2306 SAN DIEGO AVENUE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34946 CITY-ST-ZIP GUY-SI-7P TITLE ☐ Delete ☐ Change ☐ Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZP HILE ☐ Change Addition Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-Si-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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

FILED