2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

BAR J AUTOHAULING, INC. Principal Pace of Business SSZS B WAY N REWRITH CITY FL 33709 2. Principal Pace of Business Sullio, Apt. #, etc. Sullio, Apt. #, etc. Sullio, Apt. #, etc. Sullio, Apt. #, etc. City 4 Sullio City 5 Sullio City 5 Sullio City 4 Sullio City 5 Sullio City 4 Sullio City 5 Sullio City 5 Sullio City 5 Sullio City 6 Sul	1. Entity Nam		52		Jan 28, 2005 08:00 AM Secretary of State
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ERNNETH CITY FL 33709 Country Suite, Apt. #, etc. Suite, Ap	Principal Plac	e of Business	Mailing Address		• • • • • • • • • • • • • • • • • • • •
Suite, Apt. #, etc.				709	
City & State City & State City & State Country Countr	2. Principal P	lace of Business	3. Mailing Address		
Note	Suite, Apt.	#, etc.	Suite, Apt. #, etc		1st MOORE CR2E034 (10/04)
### Pope Required ### Fire People	City & Stat	e	City & State	=	59-3584594 Not Applic
Name	Zip	<u> </u>		Country	Fee Required
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
85.29 S. HWY 441 LEESBURG FL 34788 City FL Zp Code 6. 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 accomply and the deligations of registered agent and the deligations of registered agent. SIGNATURE Spring File NoW!!! FEE Is \$150.00	JAA	ICCENI DENNIC M		Name	
City FL Zip Code	852	9 S. HWY 441		Street Address	(P.O. Box Number is Not Acceptable)
S. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accomplete the collegations of registered agent. SIGNATURE					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. SIGNATURE Signature Speak or printed frame of registered agent and rise of registered agent, or both, in the State of Florida. I am familiar with, and according to the control of the control				City	FL Zip Code
FILE NOW!!! FEE IS 150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT INITE HATHCOCK, JAMES LAMAR 5323 61 WAY N. KENNETH CITY FL 33709 INITE NAME CIRF I ADDRESS CITY ST /PP INITE NAME CITY ST /PP INITE NAME CIRF I ADDRESS CITY ST /PP INITE NAME CITY ST /PP			or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida 1 am familiar with, and acc
## After May 1, 2005 Fee Will Be \$\$50.00 Make Check	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature require	ed when reinstating)" DATE
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I hereby certify that the information supplied with this filing does not quality 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 727-460-1240
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