2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2004 08:00 AM ---**Secretary of State** DOCUMENT # S21344 1. Entity Name LYNN TRUCKING INC. Principal Place of Business Mailing Address 7314 WINDSOR MILL RD 7314 WINDSOR MILL ROAD HUDSON, FL 34667 US HUDSON, FL 34667 US CR2E034 (10/03) 04122004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3050151 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRIOR, DONALD W. DO NOT WRITE 7314 WINDSOR MILL RD HUDSON, FL 34667 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000114355 04/15/04-80046-011-150.00 10. OFFICERS AND DIRECTORS TITLE PRIOR, DONALD W. NAME STREET ADDRESS 7314 WINDSOR MILL ROAD CITY-ST-ZIP HUDSON, FL TITLE STD PRIOR, JUDITH L. NAME STREET ADDRESS 7314 WINDSOR MILL ROAD HUDSON, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-78 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-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 another my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the certified 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 given like employeded.

SIGNATURE:

THE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED WASE OF SIGNING OFFICER OR DIRECTOR

4-12-04 727-861-2841

FILED