2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00129

FILED Apr 15, 2009 Secretary of State

Entity Name: D AND H FARMS TRUCKING, INC.

| Current Principal Place of Business: | | ce of Business: | New Principal Place of Business: | |
|--|---|---|---|---|
| | (HITAKER RO FL 32425 | OAD US | | |
| urrent M | lailing Addr | ess: | New Mailing Addres | s: |
| | HITAKER R FL 32425 | OAD US | | |
| El Number | : 59-3103134 | FEI Number Applied For() | FEI Number Not Applicable() | Certificate of Status Desired () |
| lame and | l Address of | Current Registered Agent: | Name and Address o | of New Registered Agent: |
| | S, HAYWOOI HITAKER R | | | |
| | FL 32425 | US | | |
| he above | FL 32425 | | e purpose of changing its registere | ed office or registered agent, or both, |
| he above | FL 32425 named entite of Florida. RE: | y submits this statement for th | | ed office or registered agent, or both, |
| ONIFAY, The above In the State | FL 32425 named entite of Florida. RE: Electr | y submits this statement for the | | ed office or registered agent, or both, Date |
| ONIFAY, The above In the State | FL 32425 named entite of Florida. RE: Electr | y submits this statement for th | | |
| Che above the State GNATUI | FL 32425 named entite of Florida. RE: Electr | y submits this statement for the onic Signature of Registered of the first fund Contribution (). | Agent | |
| ONIFAY, The above the State SIGNATUI | PL 32425 In named entite of Florida. RE: Electrompaign Finance S AND DIRE DP SANDERS, H | y submits this statement for the onic Signature of Registered ing Trust Fund Contribution (). CTORS: () Delete HAYWOOD L. TAKER ROAD | Agent | Date |
| SONIFAY, the above the State SIGNATUI Jection Car DFFICER: title: ame: ddress: | e named entit e of Florida. RE: Electr mpaign Financ S AND DIRE DP SANDERS, H 1345 JJ WHI BONIFAY, FL VD SANDERS, J | y submits this statement for the onic Signature of Registered Aing Trust Fund Contribution (). CCTORS: () Delete IAYWOOD L. TAKER ROAD - 32425 () Delete AMES E. TAKER ROAD | Agent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA SANDERS S 04/15/2009