

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 551657

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** DELANE'S TRUCK BROKERAGE, INC.

**Current Principal Place of Business:**

1315 HWY 17-92 W.  
C/O F. DELANE WILKINSON  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2037  
HAINES CITY, FL 33845 US

**New Mailing Address:**

**FEI Number:** 59-1868950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKINSON, F. DELANE  
W. US. HIGHWAY 17-92  
HANIES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WILKINSON, F. DELANE  
**Address:** 1909 PENINSULAR DR.  
**City-St-Zip:** HAINES CITY, FL 33844 US

**Title:** V  
**Name:** WILKINSON, STEVEN D.  
**Address:** 2104 PENINSULAR DR.  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** ST  
**Name:** LEWIS, MARY ANN  
**Address:** 10980 JIM EDWARDS RD.  
**City-St-Zip:** HAINES CITY, FL 33844 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARY ANN LEWIS

ST

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date