


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90074 005 ***150.00

| | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # G01452 1. Entity Name DECARO TRUCKING OF BREVARD, INC. |  |
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| Principal Place of Business 132 N. TWIN LAKES RD. COCOA FL 32926 | Mailing Address 132 N. TWIN LAKES RD. COCOA FL 32926 |
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|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 2. Principal Place of Business 4901 Ketchup Lane Suite, Apt. #, etc. | 3. Mailing Address 4901 Ketchup Lane Suite, Apt. #, etc. |
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1st MOORE CR2E034 (10/04)

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|--------------------------------|--------------------------------|------------------------------------|--------------------------------------------------------|
| City & State Mims FL | City & State Mims FL | 4. FEI Number 59-2224407 | Applied For <input type="checkbox"/> Not Applicable |
| Zip FL | Country 32754 | Zip 32754 | Country Brevard |

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| 6. Name and Address of Current Registered Agent DECARO, PATRICIA M. 132 N. TWIN LAKES RD. COCOA FL 32926 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 Patricia M Decaro Patricia M Decaro
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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DECARO, PATRICIA M | | NAME | |
| STREET ADDRESS 132 N. TWIN LAKES RD. | | STREET ADDRESS | |
| CITY-ST-ZIP COCOA FL 32926 | | CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DECARO, GEORGE J | | NAME | |
| STREET ADDRESS 132 N TWIN LAKE | | STREET ADDRESS | |
| CITY-ST-ZIP COCOA FL 32926 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: Patricia M Decaro Patricia M Decaro **2/16/05** **321 269 2073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #