

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90179 019 ***150.00

DOCUMENT # G01452
 1. Entity Name
 DECARO TRUCKING OF BREVARD, INC.



Principal Place of Business
 4901 KETCHUP LN
 MIMS, FL 32754

Mailing Address
 4901 KETCHUP LN
 MIMS, FL 32754

40080558



DO NOT WRITE IN THIS SPACE

01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2224407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DECARO, PATRICIA M.
 4901 KETCHUP LANE
 MIMS, FL 32754

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECARO, PATRICIA M 192 N TWIN LAKE RD COCOA, FL 32926 <i>4901 Ketchup Ln Mims FL 32754</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECARO, GEORGE J 192 N TWIN LAKE COCOA, FL 32926 <i>4901 Ketchup Ln Mims FL 32754</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* 4/15/07 321 636 6604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #