

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075119

Entity Name: S.D. ROTT TRUCKING CO.

FILED  
Apr 08, 2005  
Secretary of State

## Current Principal Place of Business:

7783 CAMP MACK RD.  
LAKE WALES, FL 33398

## New Principal Place of Business:

340 OHIO STREET  
LAKE WALES, FL 33853

## Current Mailing Address:

7783 CAMP MACK RD.  
LAKE WALES, FL 33398

## New Mailing Address:

340 OHIO STREET  
LAKE WALES, FL 33853

FEI Number: 81-0561179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYES, MAURICE  
340 OHIO STREET  
LAKE WALES, FL 33853 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EVANS, MARCELIUS O SR.  
Address: 7783 CAMP MACK RD.  
City-St-Zip: LAKE WALES, FL 33398

Title: VD (X) Delete  
Name: HAYES, MAURICE A  
Address: 340 OHIO STREET  
City-St-Zip: LAKE WALES, FL 333898

Title: SD (X) Delete  
Name: HORNE, LADESMA  
Address: 7783 CAMP MACK RD.  
City-St-Zip: LAKE WALES, FL 33898

Title: TD (X) Delete  
Name: EVANS, ANGELA Y  
Address: 7783 CAMP MACK RD.  
City-St-Zip: LAKE WALES, FL 33398

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: EVANS, MARCELLUS O  
Address: 7783 CAMP MACK RD.  
City-St-Zip: LAKE WALES, FL 33898

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARCELLUS O. EVANS

PD

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date