



**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90038 037 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

66026829

<b>DOCUMENT # P04000026897</b>					
1. Entity Name <b>TRU-GRADE TRANSPORT SERVICES, INC</b>					
Principal Place of Business 7955 BUNKER HILL ROAD DUETTE, FL 33834			Mailing Address 7955 BUNKER HILL ROAD DUETTE, FL 33834		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>200420102</b>			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			7. Name and Address of New Registered Agent		
GAY, JIM 3904 MANATEE AVE EAST BRADENTON, FL 34208			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when attending)</small>					
FILE NUMBER: <b>FEB IS \$150.00</b> Due by <b>September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	CHERNUGAL, RICHARD A		NAME		
STREET ADDRESS	7955 BUNKER HILL ROAD		STREET ADDRESS		
CITY - ST - ZIP	DUETTE, FL 33834		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHERNUGAL, RUSSELL		NAME		
STREET ADDRESS	431 46TH STREET WEST		STREET ADDRESS		
CITY - ST - ZIP	PALMETTO, FL 34221		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALK, JAMES D		NAME		
STREET ADDRESS	PO BOX 134		STREET ADDRESS		
CITY - ST - ZIP	PARRISH, FL 34219		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)(k), 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 fees empowered.					
SIGNATURE: 			Date: <b>8-8-05</b> 941 776-1759		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR</small>			<small>Date</small>		