2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 08, 2005 8:00 am Secretary of State 3/ **DOCUMENT # P04000059750** 03-04-2005 90070 012 \*\*\*150.00 1. Entity Name **EDDIE GOLDEN TRUCKING, INC.** Principal Place of Business Mailing Address 2850 NW 23RD ST. FT. LAUDERDALE FL 33311 2850 NW 23RD ST. FT. LAUDERDALE FL; 33311 66009046 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāme GOLEDN, EDDIE Street Address (P.O. Box Number is Not Acceptable) 2850 NW 23RD ST. FT. LAUDERDALE FL 33311 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered point, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Make Chack Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Delste TITLE ☐ Change ☐ Addition GOLDEN, EDDIE NAME MAME 2850 NW 23RD ST. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33311 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition THTLE Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Change ☐ Addillon --- 🔄 Datete -TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-S1-7/2 CITY-ST-7P 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 tike empowered.

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