

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90032 030 ***150.00

DOCUMENT # P04000153300	
1. Entity Name SORRELLS TRUCKING, INC.	

Principal Place of Business 1192 N.E. LIVINGSTON LOOP ROAD ARCADIA, FL 34266	Mailing Address P. O. BOX 551 ARCADIA, FL 34265
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50017771



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1888384	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SORIA, G. CRAIG 1192 N.E. LIVINGSTON LOOP ROAD ARCADIA, FL 34266	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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	(NOTE: Registered Agent signature required when reappointing)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	SORRELLS, STEVE
STREET ADDRESS	6923 NW STATE 661
CITY-STATE-ZIP	ARCADIA, FL. 34266
TITLE	V ☐ Delete
NAME	SORIA, LEDANE
STREET ADDRESS	4375 BRANDYWINE DRIVE
CITY-STATE-ZIP	SARASOTA, FL. 34241
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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: <i>Steve Sorrells</i>	STEVE SORRELLS	02/17/05	863 494-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		File	Daytime Phone #