## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Jan 22, 2008 8:00 am **Secretary of State** DOCUMENT # P06000028663 01-22-2008 90049 026 \*\*\*150.00 1. Entity Name EDDY TRUCKING INC 4000000 Principal Place of Business Mailing Address 1018 NW 32ND PLACE 1018 NW 32ND PLACE CAPE CORAL, FL 33993 CAPE CORAL, FL 33993 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-4403158 Not Applicable Zip Country 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 Name QUINTANA, EDDY Street Address (P.O. Box Number is Not Acceptable) 1018 NW 32ND PL CAPE CORAL, FL 33993 Zip Code FL 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, typed or tyringed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NAME QUINTANA, EDDY NAME 1018 NW 32ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CAPE CORAL, FL 33993 CITY-ST-7IP Delete MLF ☐ Change THEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied 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 rep of the corporation or the receiver or truston e and accurate and that my signature shall have the same logal effect as it made under eath; that I am an officer or director lod to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if

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