


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90036 035 \*\*\*158.75

**DOCUMENT # P99000062374**

1. Entity Name  
**L AND P TRUCKING OF BRADFORD COUNTY, INC.**



Principal Place of Business  
**24072 NW 63RD AVE.  
 LAWTEY FL 32058**

Mailing Address  
**24072 NW 63RD AVE.  
 LAWTEY FL 32058**



2. Principal Place of Business  
*24072 NW 63 ave*

3. Mailing Address  
*24072 NW 63 ave.*

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State  
*Lawtey*

City & State  
*Lawtey*

Zip Country  
*32058 Bradford*

Zip Country  
*32058 Bradford*

4. FEI Number **59-3627785**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TABET, PATRICIA  
 24072 NW 63RD AVE.  
 LAWTEY FL 32058**

7. Name and Address of New Registered Agent

Name *Patricia Tabet*

Street Address (P.O. Box Number is Not Acceptable)  
*24072 NW 63 rd. ave.*

City *Lawtey*

FL Zip Code *32058*

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 *Patricia Tabet 2-17-06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> Delete
NAME	TABET, LEO J	
STREET ADDRESS	24072 NW 63RD AVE.	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE	CO	<input type="checkbox"/> Delete
NAME	TABET, PATRICIA A	
STREET ADDRESS	24072 NW 63RD AVE.	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Patricia Tabet* *2-17-06* *904-782-1522*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #