2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 551657

1. Entity Name
DELANE'S TRUCK BROKERAGE, INC.

Principal Place of Business	Mailing Address
1315 HWY 17-92 W. C/O F. DELANE WILKINSON HAINES CITY, FL 33845	PO BOX 2037 HAINES CITY, FL 33845 US

01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1868950
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILKINSON, F. DELANE
W. US. HIGHWAY 17-92
HANIES CITY, FL 33844

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILKINSON, F. DELANE
STREET ADDRESS	1909 PENINSULAR DR.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	V
NAME	WILKINSON, STEVEN D.
STREET ADDRESS	2104 PENINSULAR DR.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	ST
NAME	LEWIS, MARYANN
STREET ADDRESS	11100 JIM EDWARDS ROAD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80019-004 150.00

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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: Mary Ann Lewis 1-30-04 863-422-8389 Ext 2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #