

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90342 029 \*\*\*150.00

**DOCUMENT # P03000059003**

1. Entity Name  
CLAUDIO TRUCKING CO.



Principal Place of Business  
620 BUFORD AVE  
ORANGE CITY, FL 32763

Mailing Address  
620 BUFORD AVE  
ORANGE CITY, FL 32763

**DO NOT WRITE IN THIS SPACE**



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1194315

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CLAUDIO, JOSE A  
620 BUFORD AVE  
ORANGE CITY, FL 32763

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CLAUDIO, JOSE A
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	TORRES, LUZ E
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	RIVERA, JOHAN
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	CLAUDIO, TONY
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	CLAUDIO, JORGE
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	CLAUDIO, MARIA
STREET ADDRESS	620 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this 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 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: Jose A. Claudio Jos A. Claudio 4/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #