

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000071990

1. Entity Name
TRU TRUCKING, INC.



Principal Place of Business

14689 21ST STREET N.
LOXAHATCHEE, FL 33470 US

Mailing Address

P.O. BOX 1058
LOXAHATCHEE, FL 33470 US



04142008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0489248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUJILLO, FRANCISCO
12669 KEY LIME BLVD.
ROYAL PALM BEACH, FL 33412

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSD
NAME TRUJILLO, DAVID
STREET ADDRESS 14689 21ST STREET N
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE PTD
NAME TRUJILLO, FRANCISCO
STREET ADDRESS 3434 OTTERS RUN DR.
CITY-ST-ZIP GROVELAND, FL 34736

TITLE V
NAME TRUJILLO, CARIDAD
STREET ADDRESS 14689 21ST STREET N
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/08

561-753-6417