


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90473 001 ***450.00

DOCUMENT # 302293 1. Entity Name D & D TRUCK BROKERS, INC.					
Principal Place of Business 1959 SO HWY 27 P.O. BOX 120036 CLERMONT, FL 34712			Mailing Address 1959 SO HWY 27 P.O. BOX 120036 CLERMONT, FL 34712		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
				4. FEI Number 59-1117426	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLOEBAUM, CATHERINE C 12210 LAKESHORE DRIVE CLERMONT, FL 32711			Name Street Address (P.O. Box Number is Not Acceptable) 1155 ADAIR PARK PLACE City ORLANDO, FL Zip Code 32804		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOEBAUM, ROBERT C		NAME		
STREET ADDRESS	12210 LAKESHORE DRIVE		STREET ADDRESS	12391 HULL ROAD	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	PD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOEBAUM, CATHERINE C		NAME		
STREET ADDRESS	12210 LAKESHORE DRIVE		STREET ADDRESS	1155 ADAIR PARK PLACE	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	ORLANDO, FL 34711	
TITLE	STD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOEBAUM, CHRISTOPHER		NAME		
STREET ADDRESS	1655 BERSHIRE AVE		STREET ADDRESS	10941 BRONSON ROAD	
CITY-ST-ZIP	WINTER PARK, FL 32785		CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> Sect-Treasur 4-26-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

bb417003



04232004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1117426

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1155 ADAIR PARK PLACE

City ORLANDO, FL Zip Code 32804

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

BLOEBAUM, ROBERT C

12210 LAKESHORE DRIVE

CLERMONT, FL 34711

PD

BLOEBAUM, CATHERINE C

12210 LAKESHORE DRIVE

CLERMONT, FL 34711

STD

BLOEBAUM, CHRISTOPHER

1655 BERSHIRE AVE

WINTER PARK, FL 32785

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *[Signature]* Sect-Treasur 4-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR