


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2005 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. PO BOX 2037
 C/O F. DELANE WILKINSON HAINES CITY, FL 33845 US
 HAINES CITY, FL 33845

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1868950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, F. DELANE
 W. US. HIGHWAY 17-92
 HAINES 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, F. DELANE 1909 PENINSULAR DR. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILKINSON, STEVEN D. 2104 PENINSULAR DR. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEWIS, MARYANN 11100 JIM EDWARDS ROAD HAINES CITY, FL 33844
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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 Mary Ann Lewis 1-13-05 863-422-8389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #