


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 551657

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



Principal Place of Business 1315 HWY 17-92 W. C/O F. DELANE WILKINSON HAINES CITY, FL 33845	Mailing Address PO BOX 2037 HAINES CITY, FL 33845 US
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

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**

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 _____ 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, 2008 Fee will be \$550.00**

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

000000021103
 02/19/08-80010-014 150.00

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, MARY ANN 10980 JIM EDWARDS RD. 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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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: *Mary Ann Lewis* **Mary Ann Lewis** *2-06-08* *863-427-8359*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #