

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90057 028 ***150.00

DOCUMENT # 567391



1. Entity Name

OLLIE ARTHUR TRUCKING COMPANY, INCORPORATED

Principal Place of Business
8312 NORTHGATE DR.
ORLANDO FL 32818

Mailing Address
8312 NORTHGATE DR.
ORLANDO FL 32818

14003923



MOORE CR2E034 (11/03)

2. Principal Place of Business

450 Enterprise St.

3. Mailing Address

P.O. Box 557

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocoee, FL

City & State

Clarcona, FL

Zip

34761

Country

Orange

Zip

32710

Country

Orange

4. FEI Number

59-1810629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARTHUR, LOUIS D.
1515 ADRIATIC DR
OCOEE FL 34761

7. Name and Address of New Registered Agent

Name Louis D. Arthur

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

111 Regal Place

City Winter Garden

FL Zip Code 34787

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

Louis Dexter Arthur

Louis Dexter Arthur - President

4/13/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ARTHUR, LOUIS D.
STREET ADDRESS 111 REGAL PL
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE T ☐ Delete
NAME ARTHUR, LOUIS D.
STREET ADDRESS 111 REGAL PL
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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

Louis Dexter Arthur

Louis Dexter Arthur

Date

Daytime Phone #

4/13/04 407-654-0033