

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 26, 2008 8:00 am
Secretary of State

03-10-2008 90049 021 ***150.00

DOCUMENT # 567391 1. Entity Name OLLIE ARTHUR TRUCKING COMPANY, INCORPORATED					
Principal Place of Business 450 ENTERPRISE ST OCOCHEE, FL 34761			Mailing Address PO BOX 557 CLARCONA, FL 32710		
2. Principal Place of Business - No P.O. Box 450 Enterprise St.		3. Mailing Address 450 Enterprise Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ocoee, FL		City & State Ocoee, FL		4. FEI Number 59-1810629	
Zip 34761		Country Orange		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. 111 REGAL PLACE WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Louis D. Arthur</i> (NOTE: Registered Agent signature required when reinstating) DATE: 3-7-08					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ARTHUR, LOUIS D. 111 REGAL PL WINTER GARDEN, FL 34787	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARTHUR, LOUIS D. 111 REGAL PL WINTER GARDEN, FL 34787	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, CHRISTINE 1240 WINTER GARDEN VINELAND RD APT I-2 WINTER GARDEN, FL 34787	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Giddens, Christine 338 Douglas Way Winter Garden, FL 34787	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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: <i>Louis D. Arthur</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 3-7-08 Daytime Phone #: 407-654-0033	

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