

FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000007338

1. Entity Name
LATONA TRUCKING, INC.



Principal Place of Business
**620 SOUTH MAIN ST.
ST. PITTSTON, PA 18640**

Mailing Address
**620 SOUTH MAIN ST.
ST. PITTSTON, PA 18640**



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-2516966

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRADY, ROBERT
16745 W YORKSHIRE DR
LOXAHATCHEE, FL 33470-3748**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000879567

04/15/08-80025-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LATONA, LEO
STREET ADDRESS	5 WIDENER DR
CITY-ST-ZIP	WILKES BARRE, PA 18702
TITLE	V
NAME	LATONA, JOSEPH
STREET ADDRESS	3 WIDENER DR
CITY-ST-ZIP	WILKES BARRE, PA 18702
TITLE	ST
NAME	LATONA, CHARLES
STREET ADDRESS	9 CAREY LANE
CITY-ST-ZIP	PITTSTON, PA 18640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #