

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000000450	
1. Entity Name MOTOR CARRIER FORMS, INC.	

Principal Place of Business 2703 INDUSTRIAL AVE., 2 FT PIERCE, FL 34946 US	Mailing Address 2703 INDUSTRIAL AVE., 2 FT PIERCE, FL 34946
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02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1940643	Applied For Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent MARIANO SR, VINCENT 2703 INDUSTRIAL AVE. 2 FT PIERCE, FL 34946

**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.

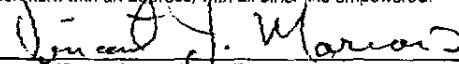
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	1100000506316 4/14/06 80019-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MARIANO SR, VINCENT 2703 INDUSTRIAL AVE 2 FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARIANO, JOSEPHINE 2703 INDUSTRIAL AVE 2 FT PIERCE, FL
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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: 	4/14/06	712-468-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #