


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90074 005 \*\*\*150.00

<b>DOCUMENT # G01452</b>					
1. Entity Name <b>DECARO TRUCKING OF BREVARD, INC.</b>					
Principal Place of Business <b>132 N. TWIN LAKES RD. COCOA FL 32926</b>			Mailing Address <b>132 N. TWIN LAKES RD. COCOA FL 32926</b>		
2. Principal Place of Business <b>4901 Ketchup Lane</b>		3. Mailing Address <b>4901 Ketchup Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Mims FL</b>		City & State <b>Mims FL</b>		4. FEI Number <b>59-2224407</b>	
Zip <b>FL</b>		Country <b>32754</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>FL</b>		Country <b>32754</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DECARO, PATRICIA M. 132 N. TWIN LAKES RD. COCOA FL 32926</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Patricia M Decaro</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DECARO, PATRICIA M</b>		NAME		
STREET ADDRESS	<b>132 N. TWIN LAKES RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCOA FL 32926</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DECARO, GEORGE J</b>		NAME		
STREET ADDRESS	<b>132 N TWIN LAKE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCOA FL 32926</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Patricia M Decaro 2/16/05 321 269 2073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #