

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G06455**

1. Entity Name  
**NORTH EAST TRUCK BROKERS, INC.**



Principal Place of Business  
**1402-2B DUNLAWTON AVE  
PORT ORANGE, FL 32127 US**

Mailing Address  
**PO BOX 291036  
PORT ORANGE, FL 32129 US**



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0286274**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOENKE, BERNARD J  
4030 S PENINSULA DR  
P O BOX 291036  
PORT ORANGE, FL 32129**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000222815  
02/10/05-80019-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	KOENKE, BERNARD
STREET ADDRESS	1402-2B DUNLAWTON AVE.
CITY- ST- ZIP	PORT ORANGE, FL
TITLE	SD
NAME	KOENKE, CHARLOTTE
STREET ADDRESS	1402-2B DUNLAWTON AVE.
CITY- ST- ZIP	PORT ORANGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 exemption stated in Section 119.07(3)(f), 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:**

*Bernard J. Koenke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bernard J. Koenke February 7, '05  
386-761-1147**

Date

Daytime Phone #