

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90045 023 ***158.75

DOCUMENT # G90806

1. Entity Name:

ODELL GOOGE TRUCKING, INC.



Principal Place of Business

1954 NW 33 STREET
POMPANO BEACH FL 33064
US

Mailing Address

4540 NW 49TH CT.
COCONUT CREEK FL 33073

2. Principal Place of Business

1954 NW 33 ST
Suite, Apt. #, etc.

3. Mailing Address

4540 NW 49 CT.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Pompano Beach FL

City & State

Coconut Creek FL

Zip

33064

Country

Brown

Zip

33073

Country

4. FEI Number

59-1540174

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOOGE, THOMAS W
4540 NW 49TH CT.
COCONUT CREEK FL 33073

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

Thomas W Googe

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GOOGE, THOMAS W | |
| STREET ADDRESS | 4540 NW 49TH CT. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MCCALLISTER, DAVID | |
| STREET ADDRESS | 1954 NW 33RD STREET | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MOSSBURG, ANTHONY | |
| STREET ADDRESS | 1954 NW 33 STREET | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Thomas W Googe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 954-646-1203

Date

Daytime Phone #