

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 06, 2008 08:00 AM
Secretary of State

DOCUMENT # J34664

1. Entity Name
CAUTHEN & CO. TRUCK BROKERS, INC.



Principal Place of Business

1300 S. FRANCH AVE.
BOX 12-A
SANFORD, FL 32771

Mailing Address

1300 S. FRANCH AVE.
BOX 12-A
SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

08042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2727748

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALPER, HARVEY M.
112 WEST CITRUS STREET
ALTAMONTE SPRINGS, FL 32714

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

U00000957235

08/06/08-80005-011 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

\$5.00 May Be
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP
CAUTHEN, DAVID
1300 FRENCH AVE.
SANFORD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-08
Date

707-323
6445
Daytime Phone #