


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90353 043 ***150.00

DOCUMENT # K95803	
1. Entity Name DENBROOK TRUCKING, INC.	

Principal Place of Business % DANIEL A. KAMINSKY 5325 RUNDLE RD. ORLANDO, FL 32810	Mailing Address % DANIEL A. KAMINSKY 5325 RUNDLE RD. ORLANDO, FL 32810
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2. Principal Place of Business LYNN C. DENBROOK	3. Mailing Address LYNN C. DENBROOK
Suite, Apt. #, etc. 5325 Rundle Road	Suite, Apt. #, etc. 5325 Rundle Road
City & State Orlando FL	City & State Orlando FL
Zip 32810	Country Orange



03292006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2951820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DENBROOK, LYNN CHARLES 5325 RUNDLE RD. ORLANDO, FL 32810	
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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: _____ (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENBROOK, LYNN CHARLES		NAME NAME	
STREET ADDRESS 5325 RUNDLE ROAD		STREET ADDRESS NAME	
CITY-ST-ZIP ORLANDO, FL		CITY-ST-ZIP NAME	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENBROOK, JEAN DOROTHY		NAME NAME	
STREET ADDRESS 5325 RUNDLE ROAD		STREET ADDRESS NAME	
CITY-ST-ZIP ORLANDO, FL		CITY-ST-ZIP NAME	
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 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: Lynn C. Denbrook Lynn C. Denbrook 3-29-06 407-293-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #