2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 10, 2004 8:00 am **Secretary of State** DOCUMENT # L82778 1. Entity Name 02-10-2004 90011 049 ***150.00 GLONEK TRUCKING COMPANY Mailing Address Principal Place of Business 1613 SILHOUETTE DR CLERMONT FL 34711 1301 89TH AVE ST PETERSBURG FL 33702 3. Mailing Address 2. Principal Place of Business 1470 47AV·N.E. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State ST. PETERS BURG FL 4. FEI Number Applied For City & State 59-3014461 Not Applicable Country \$8.75 Additional 33703 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLONEK, WILLIAM J. 1301 89TH AVE N Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33702 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 WINIAM TGIONCK Signature, typed or printed name of registered agont and title if applicable. Velleom FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition DP **⊠** Delete TITLE TITLE GIONEK, JOHNO NAME GLONEK, JOHN D NAME 1470 47AV. N.E. STREET ADDRESS STREET ADDRESS 1613 SILHOUETTE DR ST. PETERS BURG Fl. 33703 CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE GLONEK, WILLIAM J NAME NAME 1301 89TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME -JOSEPHINE'S'GLONEK~~~ NAME STREET ADDRESS 1301 89TH AVE N STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP ST PETERSBURG FL Delete TITLE M Change ☐ Addition TITLE THERESA GIONEK THERESA GLONEK NAME NAME 1470 47AV. N.E. STREET ADDRESS 1613 SILHOUETTE DR STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ST. PETERS BURG F1. 33703 TITE F Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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.

FILED

PLOSINE WILLIAM J G LONCK 2-3-04 127-577-2753
RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date