

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90084 034 \*\*\*150.00

**DOCUMENT # P00000005225**

1. Entity Name  
**DEVIL'S GARDEN TRUCKING, INC.**



Principal Place of Business  
**POST OFFICE BOX 84  
FELDA, FL 33930**

Mailing Address  
**POST OFFICE BOX 84  
FELDA, FL 33930**

**94039117**



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0995704**

Applied For  
Not Applicable

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

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

**BONE, C. EARL  
PERRY ROAD  
FELDA, FL 33930**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
BONE, C. EARL  
POST OFFICE BOX 84  
FELDA, FL 33930**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSTD  
CAMPOS, EDUARDO  
POST OFFICE BOX 84  
FELDA, FL 33930**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BONE, SYLVIA  
PO BOX 84  
FELDA, FL 33930**

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)(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: CE Bone Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04  
Date

863-675-0729  
Daytime Phone #