

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000016932

1. Entity Name  
LOT TRUCKING SERVICES, INC.



Principal Place of Business  
P.O. BOX 220144  
GLENWOOD, FL 32722

Mailing Address  
P.O. BOX 220144  
GLENWOOD, FL 32722

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3628873

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

WIECKOWSKI, WACLAW  
353 SHORE DR. EAST  
OLDSMAR, FL 34677

**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 reinstalling)

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

U000000090633  
03/17/04-80027-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PIERSCINSKI, JERZY  
2110 LEMON ST.  
GLENWOOD, FL 32722

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PIERSCINSKI, IRENA  
2110 LEMON ST.  
GLENWOOD, FL 32722

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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.

ph (386) 738-3624

SIGNATURE: *Irena Pierscinski* Irena Pierscinski, President 03/15/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #