

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000044334

1. Entity Name
SPALA TRUCKING, INC.



FILED
Apr 19, 2004 08:00 AM
Secretary of State

Principal Place of Business
11010 KEWANEE DRIVE
TEMPLE TERRACE, FL 33617

Mailing Address
11010 KEWANEE DRIVE
TEMPLE TERRACE, FL 33617



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3657684

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPALA, TOM
11010 KEWANEE DRIVE
TEMPLE TERRACE, FL 33617

**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 file if applicable

(NOT: Registered Agent signature required when transacting)

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 P
NAME SPALA, THOMAS J
STREET ADDRESS 11010 KEWANEE DRIVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE VP
NAME ENFINGER, MICHELE
STREET ADDRESS 11010 KEWANEE DRIVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE ST
NAME ENFINGER, BOBBY
STREET ADDRESS 11010 KEWANEE DRIVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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(2)(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: *Thomas J. Spala* Thomas J. Spala

4-12-04

813 610 3155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #