

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90088 044 ***150.00

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1. Entity Name

TRUCK TRAIN TRANSPORTATION, INC.



Principal Place of Business

16112 N FLORIDA AVE
LUTZ FL 33549

Mailing Address

PO BOX 17130
TAMPA FL 33682-7130

24007007



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3653365**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAXE, DANIEL L
205 CRYSTAL GROVE BLVD.
STE 101
LUTZ FL 33549

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALBRITTON, HOWARD L
STREET ADDRESS 209 CRYSTAL GROVE BLVD.
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE D
NAME MILLER, CURTIS J
STREET ADDRESS 209 CRYSTAL GROVE BLVD.
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE V
NAME TERESE LOCASH
STREET ADDRESS 209 CRYSTAL GROVE BLVD
CITY-ST-ZIP LUTZ, FL 33548 ☐ Delete

TITLE V
NAME RUBY BOSWELL
STREET ADDRESS 209 CRYSTAL GROVE BLVD
CITY-ST-ZIP LUTZ, FL 33548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ruby Boswell RUBY BOSWELL VP-CFO 1/28/04 813-948-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #