

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90071 026 ***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

20006743



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3653365

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
HOWARD L. ALBRITTON

Street Address (P.O. Box Number is Not Acceptable)
209 CRYSTAL GROVE BLVD

City
LUTZ FL Zip Code
33548

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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.

SIGNATURE: Ruby Boswell RUBY BOSWELL VP CFO

1/28/05 813-909-0336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #