


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------|--|---|--|
| DOCUMENT # P00000070836 1. Entity Name ELLCOTT'S TRUCK & TRAILER, INC. | | | |  | |
| Principal Place of Business 4520 SW 55TH AVENUE DAVIE FL 33314 | | | Mailing Address 4520 SW 55TH AVENUE DAVIE FL 33314 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-1033092 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ROSEN, JEROME L 7880 N UNIVERSITY DRIVE STE 201 TAMARAC FL 33321 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 1st MOORE CR2E034 (10/05) | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$5.00 May C. Added to Fees | | | | 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| D ELLCOTT, CHARLES 4520 SW 55 AVE DAVIE FL 33314 | | | | [Blank] | |
| [Blank] | | | | [Blank] | |
| [Blank] | | | | [Blank] | |
| [Blank] | | | | [Blank] | |
| [Blank] | | | | [Blank] | |
| [Blank] | | | | [Blank] | |
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| [Blank] | | | | [Blank] | |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-1033092**

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

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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| | | | |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELLCOTT, CHARLES 4520 SW 55 AVE DAVIE FL 33314 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ **954584 8936**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #