## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**FILED** Feb 23, 2007 08:00 AM Secretary of State

Fee Required

DOCL	IMENI	Г#	P00000094292
	J171 L   N	177	1 00000007202

1. Entity Name

HOLLYWOOD TRUCKING, INC.



Principal Place of Business

1095 HIDDENWOODS ROAD JACKSONVILLE, FL 32220

Mailing Address

1095 HIDDENWOODS ROAD JACKSONVILLE, FL 32220



## DO NOT WRITE IN THIS SPACE

02162007 No Chg-P		CR2E034 (11/05)			
4. FEI Number			Applied For		
59-3683	956		Not Applicable		
5. Certificate o	Certificate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

ROBERTS, DONALD MARLIN

## DO NOT WRITE

1095 HIDDENWOODS ROAD JACKSONVILLE, FL 32220				IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	purpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title i	if applicable. (NOTE: Registered a	Agent signatur	e required when reinstaling)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD ROBERTS, DONALD 1095 HIDDENWOODS ROAD JACKSONVILLE, FL 32220	CTORS			U00000645578		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					U00000645578 03/05/07-80012-021 150.00		
STREET ADDRESS CITY-ST-ZIP TITLF NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				and in Change	Classes Challeng I for the condition that the Information		
12. I hereby o	certify that the information supplied with this file	ling does not qualify for the exen and accurate and that my signalia	iptions co re shall ha	ntained in Chapter 119 veithe same legal effec	Florida Statutes, I further certify that the information as if made under path; that I am an officer or director.		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oarl; that I am an officer of ordector of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, go or an attachment with an address, without other like empowered.

SIGNATURE: