

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90116 033 ***150.00

DOCUMENT # P01000048391

1. Entity Name
K & G TRUCKING OF CENTRAL FLORIDA, INC.



Principal Place of Business
5026 HERNANDES DRIVE
ORLANDO, FL 32808

Mailing Address
5026 HERNANDES DRIVE
ORLANDO, FL 32808

50049718



2. Principal Place of Business

3. Mailing Address

PO Box-8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022005

Chg-P

CR2E034 (10/03)

City & State

City & State
Ocoee - FL

4. FEI Number
59-3718184

Applied For
Not Applicable

Zip

Country

Zip

34761

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, KARL
5026 HERNANDES DRIVE
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name
GILDA DAVIS

Street Address (P.O. Box Number is Not Acceptable)

921 Shadowmoss Dr.

City
Winter Gdn

FL

Zip Code
34787

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

Gilda Davis

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

5/2/05

(DATE)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAVIS, KARL
5026 HERNANDES DRIVE
ORLANDO, FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DAVIS, GILDA
5026 HERNANDES DRIVE
ORLANDO, FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
921 Shadowmoss Dr. ☒ Change ☐ Addition
Ocoee winter Gdn, FL- 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
921 Shadowmoss Dr. ☒ Change ☒ Addition
winter Gdn, FL- 34787

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

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

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

TITLE
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:

Gilda Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/05

Date

Daytime Phone #