2008 FOR PROFIT CORPORATION ANNUAL REPORT

Porta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fuon

SIGNATURE:

FILED Apr 14, 2008 08:00 A Secretary of State

ANNUAL REPORT				Apr 14, 2008 08			
DOCUMENT # P01000051984 1. Enlity Name IVAN TRUCKING CORPORATION					•	Secret	ary of S
,	ce of Business	Mailing Address					
OCALA, FL 3	OTH STREET. 34482	7950 NW 10TH STREET OCALA, FL 34482					
	•						
_			04112008	No Chg-P	CR2E034 (11/	(05)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numbe			Applied For
				65-1107	of Status Desired	\$8.75	Not Applicable Additional
	6. Name and Address of Current Ro	egistered Agent		J. 00.102.10		Fee Re	quired
PORTAL,	IVAN			DO	NOT W		
	10TH STREET.			NOT W			
00/12/11	. 0 1402			IN T	THIS SF	ACE	
						., .	
	named entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or register	red agent, or both	h, in the State of Flo	orida. I am familiar	with, and accept
SIGNATURE.	fund fortal Signature, typed or printed name of registered agent and	100TE 0	19		4 -	10 - 08 DATE	
<u></u>	Signature, typed of sometiment of registered agont and		d Agent signature required			·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			~ _ +	.00 May Be led to Fees		000894858 69-20645-6	<u>11 150 00</u>
TITLE	OFFICERS AND DI	RECTORS	_		211211		프로 포스(스) (스)
NAME	PORTAL, IVAN						
STREET ADDRESS CITY-ST-ZIP	7950 NW 10TH ST OCALA, FL 34482						
TITLE NAME							
STREET ADORESS CITY-ST-ZIP							
TITLE			-				
NAME STREET ADDRESS							
CITY-ST-ZIP			1	DO	NOT W	RITE	
TITLE NAME				IN 7	THIS SF	ACE	·
STREET ADDRESS CITY-ST-ZIP							
TITLE			ł				
NAME STREET ADDRESS	,						
CITY-ST-ZIP				• •		4	,
TITLE NAME				•			
STREET ADDRESS			Í .				
12. I hereby o	certify that the information supplied with th	is filling does not qualify for the exe	emptions contained	in Chapter 119	Florida Statutes 1	further certify that t	he information
of the cor	on this report or supplemental report is tri poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my signal ered to execute this report as requi	ture shall have the s	tame lenal effect	as if made under d	ath: that I am an of	ficer or director

4-10-08

Daytime Phone #

Date