

ANNUAL REPORT

2005

FILED

Apr 22, 2005 08:00 AM

Secretary of State

DOCUMENT # P01000053127

1. Entity Name
DCM TRUCKING, INC.Principal Place of Business
2018 BREWSTER DRIVE
DELTONA, FL 32738Mailing Address
2018 BREWSTER DRIVE
DELTONA, FL 32738

04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3723194Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

LYNCH, JOAN
2018 BREWSTER DRIVE
DELTONA, FL 32738DO NOT WRITE
IN THIS SPACE

9. 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 \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesUN0000324898
04/22/05-80112-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
LYNCH, JOAN
2018 BREWSTER DRIVE
DELTONA, FL 32738TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LYNCH, JOAN
2018 BREWSTER DRIVE
DELTONA, FL 32738TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-05

386-789-6441