


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90307 019 \*\*\*150.00

**DOCUMENT # P01000116836**

1. Entity Name  
**R&L SANDERS TRUCKING INC.**



40068818

Principal Place of Business  
**1253 KENNARD ST  
 JACKSONVILLE, FL 32208**

Mailing Address  
**1253 KENNARD ST  
 JACKSONVILLE, FL 32208**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**26-0003310**

Applied For  
 Not Applicable

City & State

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

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

**SANDERS, WILBERT R  
 1253 KENNARD ST  
 JACKSONVILLE, FL 32208**

**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 \_\_\_\_\_  
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 \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANDERS, WILBERT R 1253 KENNARD ST JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANDERS, LOIS J 1253 KENNARD ST JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Wilbert R Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/05 Daytime Phone # \_\_\_\_\_