

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90208 044 \*\*\*150.00

DOCUMENT # P01000116836

1. Entity Name  
R&L SANDERS TRUCKING INC.



Principal Place of Business  
1253 KENNARD ST  
JACKSONVILLE, FL 32208

Mailing Address  
1253 KENNARD ST  
JACKSONVILLE, FL 32208

60035431



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

04282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-0003310

Applied Fee

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, WILBERT R  
1253 KENNARD ST  
JACKSONVILLE, FL 32208

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 transferring)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PSD  
SANDERS, WILBERT R  
1253 KENNARD ST  
JACKSONVILLE, FL 32208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VTD  
SANDERS, LOIS J  
1253 KENNARD ST  
JACKSONVILLE, FL 32208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 as 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

4-28-08 9049240489

Date

Displaying Form #