


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90437 015 ***150.00

DOCUMENT # P02000019702

1. Entity Name
IRA TRUCKING CORP.



Principal Place of Business 10325 ALBERTA COURT NEW PORT RICHEY, FL 34654	Mailing Address 10325 ALBERTA COURT NEW PORT RICHEY, FL 34654
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DO NOT WRITE IN THIS SPACE



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0599844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JURASZEK, IRECK W
 10325 ALBERTA COURT
 NEW PORT RICHEY, FL 34654**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JURAZEK, IRECK W 10325 ALBERTA COURT NEW PORT RICHEY, FL 34654
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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:  **IRECK JURASZEK PRES.** **4/10/04** **727-815-1192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #