


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000037223					
1. Entity Name KUBANEK TRUCKING, INC.					
Principal Place of Business 200 EL CAMINO DR., APT. 105 WINTER HAVEN FL 33884			Mailing Address 200 EL CAMINO DR., APT. 105 WINTER HAVEN FL 33884		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3630793	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KUBANEK, RONALD K 200 EL CAMINO DR., APT. 105 WINTER HAVEN FL 33884				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
NAME	KUBANEK, RONALD K		NAME		
STREET ADDRESS	200 EL CAMINO DR. APT. #105		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
NAME			NAME	000000043158	
STREET ADDRESS			STREET ADDRESS	02/10/04-80054-002 150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	NAME		TITLE	NAME	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ronald K. KubaneK 02-05-04 863-324-4766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #