

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000084350

1. Entity Name
CTB TRUCK BROKERAGE, INC.



Principal Place of Business
**220 SOUTH FLAGLER AVENUE
HOMESTEAD, FL 33030 US**

Mailing Address
**220 SOUTH FLAGLER AVENUE
HOMESTEAD, FL 33030 US**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3646629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAMBERS, THOMAS R
25201 SW 147 AVENUE
HOMESTEAD, FL 33032**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

000006125230
02/06/07-80053-011 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**P
CHAMBER, THOMAS R
25201 SW 147 AVE.
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CHAMBER, MARYLOU
25201 SW 147 AVE.
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILSON, STEVEN
220 S. FLOGIER AVE.
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 305-247-1786

Date Daytime Phone #