

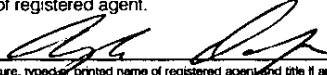



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90032 017 \*\*\*150.00

<b>DOCUMENT # P02000105705</b> 1. Entity Name <b>A&amp;S TRUCKING OF BRADENTON, INC.</b>					
Principal Place of Business <b>1291 FOLIAGE CT NORTH PORT, FL 34288</b>			Mailing Address <b>1291 FOLIAGE CT NORTH PORT, FL 34288</b>		
2. Principal Place of Business - No P.O. Box # <b>1291 Foliage Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1291 Foliage Ct.</b> Suite, Apt. #, etc.			
City & State <b>North Port, Florida</b> Zip <b>34288</b>		City & State <b>North Port, Florida</b> Zip <b>34288</b>		4. FEI Number <b>33-1029558</b>	
Country <b>Sarasota</b>		Country <b>Sarasota</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DODGE-ANGELA R 1291 FOLIAGE CT NORTH PORT, FL 34288</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>← Foliage (misspelled)</b> City <b>FL</b> 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  DATE <b>2-1-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DODGE, ANGELA R 5329 36TH STREET EAST BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1291 Foliage Ct. North Port, FL 34288</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DODGE, STEVEN L 5329 36TH STREET EAST BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1291 Foliage Ct. North Port, FL 34288</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<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	   	<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	   	<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	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 with an address, with all other like empowered.					
SIGNATURE: 			2-1-08 941-240-6477 <small>Date Daytime Phone #</small>		