

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90072 031 \*\*\*158.75

**DOCUMENT # P02000117741**



1. Entity Name  
**AVALOS TRUCKING & SITE WORK INC.**

Principal Place of Business Mailing Address  
**1050 GARDEN LAKE CIRCLE, APT. #1404** **1050 GARDEN LAKE CIRCLE, APT. #1404**  
**IMMOKALEE, FL 34142** **IMMOKALEE, FL 34142**

**90072031**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**1421 Botanical Drive** **1421 Botanical Drive**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

04172007 Chg-P CR2E034 (12/06)

City & State City & State  
**Immokalee, FL** **Immokalee, FL**  
Zip Country Zip Country  
**34142** **Collier** **34142** **Collier**

4. FEI Number 41-2062637 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**AVALOS, ROBERT JR.**  
**1050 GARDEN LAKE CIRCLE, APT. #1404**  
**IMMOKALEE, FL 34142**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1421 Botanical Drive**  
City **Immokalee** **FL** Zip Code **34142**

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 reinstating) DATE

**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          | <b>D</b> <input type="checkbox"/> Delete   |
| NAME           | <b>AVALOS, ROBERT JR.</b>                  |
| STREET ADDRESS | <b>1050 GARDEN LAKE CIRCLE, APT. #1404</b> |
| CITY-ST-ZIP    | <b>IMMOKALEE, FL 34142</b>                 |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | <b>1421 Botanical Drive</b>                                       |
| CITY-ST-ZIP    | <b>Immokalee, FL 34142</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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: *Robert J. Avalos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #