

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90048 038 ***150.00

DOCUMENT # P02000123097

1. Entity Name

ASKIN TRUCKING, INC.



Principal Place of Business

316 MEADOW LANE
LORIDA, FL 33857 US

Mailing Address

P.O. BOX 729
Auburndale, FL 33823

40010434



DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number

71-0892565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASKIN, MICHAEL
316 MEADOW LANE
LORIDA, FL 33857

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ASKIN, MICHAEL
STREET ADDRESS 316 MEADOW LANE
CITY-ST-ZIP LORIDA, FL 33857

TITLE VPD
NAME ASKIN, JEFFREY
STREET ADDRESS 316 MEADOW LANE
CITY-ST-ZIP LORIDA, FL 33857

TITLE SD
NAME ASKIN, WILLIAM
STREET ADDRESS 316 MEADOW LANE
CITY-ST-ZIP LORIDA, FL 33857

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Askin

Date

Daytime Phone #

1/11/05 863-655-0802