

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000130572

1. Entity Name  
ALFY'S TRUCKING, INC. ✓



Principal Place of Business  
281 EMERSON DR. NW  
PALM BAY, FL 32907

Mailing Address  
281 EMERSON DR. NW  
PALM BAY, FL 32907

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 28 AM 8:26



01052009 No Chg-P CR2E034 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3727899

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AGARIE, ALFRED  
281 EMERSON DR. NW  
PALM BAY, FL 32907

**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, 2009 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  
D  
AGARIE, ALFRED  
281 EMERSON DR. NW  
PALM BAY, FL 32907

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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100153353331  
04/28/09--01046--019 \*\*150.00

**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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #