


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90232 030 ***150.00

DOCUMENT # P03000002843			
1. Entity Name COMMUNITY TRUCKING, INC.			
Principal Place of Business 661 NW BAYSHORE BLVD PORT ST LUCIE, FL 34983		Mailing Address 661 NW BAYSHORE BLVD PORT ST LUCIE, FL 34983	
2. Principal Place of Business 11500 NW SO. RIVER DR. SUITE # 3 MEDLEY, FL. 33178 OADE		3. Mailing Address 11500 NW SO. RIVER DR. SUITE # 3 MEDLEY, FL. 33178 OADE	
4. FEI Number 02-0665628		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



04262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent FIGUEROA, CLARA N 11500 N.W. SO. RIVER DR SUITE 3 MEDLEY, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Clara Figueroa* DATE 7/23/04
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FIGUEROA, CLARA N 11500 NW SO. RIVER DR., SUITE #3 MEDLEY, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #