

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90172 016 \*\*\*150.00

**DOCUMENT # P03000025689**

1. Entity Name  
**SCHWARZ TRUCKING, INC..**



Principal Place of Business  
**401 FAITHWAY DR  
SEFFNER, FL 33584**

Mailing Address  
**401 FAITHWAY DR  
SEFFNER, FL 33584**

**66428000**



04272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**32-0064219** Applied For  
Not Applicable

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

5. Name and Address of Current Registered Agent

**SCHWARZ, GLORIA  
401 FAITHWAY DR  
SEFFNER, FL 33584**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 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	<input type="checkbox"/> Delete
	<b>D</b>	<b>SCHWARZ, GLORIA</b>	<b>401 FAITHWAY DR SEFFNER, FL 33584</b>	<input type="checkbox"/>
	<b>D</b>	<b>CARR, JESSE</b>	<b>402 FAITHWAY DR SEFFNER, FL 33584</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Gloria A. Schwarz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-04**

Date

**813-684-4328**

Daytime Phone #