2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # P0300002 Z TRUCKING, INC	25689		05-04-2004	90172 016 ***150.00		
Principal Place of Business Malling Address				CC#28HHH			
401 FAITHWAY DR		401 FAITHWAY DR		66428000			
SEFFNER, FL 33584 SEFFNER, FL 33584 SEFFNER, FL 33584			٠	-			
	•	·	: 1	1 10 PH 034 DH 11018 1 HAY 0.5117 11914 0.5117	IN SERVE MARK BUILD ENDE MENT FOLKER I IN 18 DE		
2. Principal Place of Business		3. Mailing Address		114444411111000411114141111111111111111			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004 Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 32-006421	Applied For Not Applicable		
Zip	Country	Zip	Country	6. Certificate of Status Desired	\$8.75 Additional Fee Required		
		ent Registered Agent		-7Name and Address of New F	egistered Agent		
. OCUMADE	7 CLODIA	•	Name				
SCHWARZ 401 FAITH SEFFNER	WAY DR		Street Address	Street Address (P. O. Box Number is Not Acceptable)			
					_		
			City		FL Zip Code		
	named entity submits this statementions of registered agent.	nt for the purpose of changing		ered agent, or both, in the State of Fig	orida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature departed when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55			5.00 May Be Ided to Fees	Commence of the control of the contr		
FIL After Ma	ay 1, 2004 Fee will be \$55			5.00 May Be Ided to Fees ADDITIONS/CHANGES TO OFF			
After Ma	ay 1, 2004 Fee will be \$55 OFFICERS A	Trust Fund Co	ntribution: Ac	Ided to Fees	ICERS AND DIRECTORS IN 11		
After Ma	opficers a OFFICERS A D SCHWARZ, GLORIA	ND DIRECTORS	ntribution: Ac	Ided to Fees			
After Ma	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR	ND DIRECTORS	ntribution: Ac	Ided to Fees			
After M: 10. TITLE NAME STREET ADDRESS	opficers a OFFICERS A D SCHWARZ, GLORIA	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Ided to Fees			
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE	ND DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ided to Fees	· Change · Addition ·		
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ided to Fees	· Change · Addition ·		
After Ma	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Ided to Fees	Change Addition -		
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Ided to Fees	· Change · Addition ·		
After Ma	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Ided to Fees	Change Addition -		
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ided to Fees	Change Addition -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	Ided to Fees	Change Addition -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME	Ided to Fees	Change Addition -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	Ided to Fees	Change Addition -		
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ided to Fees	Change Addition Change Addition Change Addition Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ided to Fees	Change Addition -		
After M: 10. 110. 1111E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ADDITIONS/CHANGES TO OFF	Change Addition Change Addition Change Addition Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Delete	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	Change Addition Change Addition Change Addition Change Addition Change Addition		
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR	Trust Fund Co	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS JUL CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	Change Addition Change Addition Change Addition Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR SEFFNER, FL 33584	Trust Fund Co	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS JUL CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	Change Addition Change Addition Change Addition Change Addition Change Addition		
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SCHWARZ, GLORIA 401 FAITHWAY DR SEFFNER, FL 33584 D CARR, JESSE 402 FAITHWAY DR SEFFNER, FL 33584	Trust Fund Co	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFF	Change Addition Change Addition Change Addition Change Addition Change Addition		

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 ON PRINTED NAME	shwarb	4-30-04	813-684-4328
SIGNATURE AND TYPED OR PRINTED NAME (# SIGNING OFFICER ON DIRECTOR	Date	Daytine Phone #