

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90032 003 ***150.00

DOCUMENT # P03000050164

1. Entity Name
F.T. TRUCKING, INC.



Principal Place of Business
**12669 KEY LIME BLVD
WEST PALM BEACH, FL 33412**

Mailing Address
**12669 KEY LIME BLVD
WEST PALM BEACH, FL 33412**

40051824



2. Principal Place of Business - No P.O. Box #
3434 Otters Run Dr.

3. Mailing Address
3434 Otters Run Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007 Chg-P CR2E034 (12/06)

City & State
Groveland, FL.

City & State
Groveland, FL.

4. FEI Number
51-0463685

Applied For
☐ Not Applicable

Zip
34736

Country
Lake

Zip
34736

Country
Lake

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRUJILLO, CARIDAD
12669 KEY LIME BLVD
WEST PALM BEACH, FL 33412**

Name **Frank Trujillo**

Street Address (P.O. Box Number is Not Acceptable)
3434 Otters Run Dr.

Groveland,

City

FL

Zip Code
34736

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

Frank Trujillo

4/3/07

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, 2007 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 **D** ☐ Delete
NAME **TRUJILLO, FRANCISCO**
STREET ADDRESS **12669 KEY LIME BLVD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3434 Otters Run Dr.**
CITY-ST-ZIP **Groveland, FL 34736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 filing empowered.

SIGNATURE:

Frank Trujillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

Date

3523268518

Daytime Phone #