

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

DOCUMENT # P03000054821

1. Entity Name
TREJO TRUCKING, INC.



08-09-2005 90002 001 *****8.75
08-26-2005 90002 007 ***150.00

Principal Place of Business
**13 ROELS STREET
HAINES CITY, FL 33844 US**

Mailing Address
**13 ROELS STREET
HAINES CITY, FL 33844 US**

50063544



2. Principal Place of Business
315 GRANDVIEW AVE

3. Mailing Address
315 GRANDVIEW AVE

Suite, Apt. #, etc.

08232005 Chg-P CR2E034 (10/03)

City & State
HAINES CITY, FL

Zip Country

4. FEI Number
87-0695482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**TREJO, PEDRO
13 ROELS STREET
HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent

Name

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

315 GRANDVIEW AVE

City **HAINES CITY** State **FL** Zip Code **33844**

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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D,C	<input type="checkbox"/> Delete
NAME	TREJO, PEDRO	
STREET ADDRESS	13 ROELS STREET	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	P,T	<input type="checkbox"/> Delete
NAME	TREJO, PEDRO	
STREET ADDRESS	13 ROELS STREET	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREJO, DULCE	
STREET ADDRESS	13 ROELS STREET	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	VP,S	<input type="checkbox"/> Delete
NAME	TREJO, DULCE	
STREET ADDRESS	13 ROELS STREET	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	315 GRANDVIEW AVE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	315 GRANDVIEW AVE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	315 GRANDVIEW AVE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	315 GRANDVIEW AVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or without like empowered.

SIGNATURE: *Pedro Trejo* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #