

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90010 003 ***158.75

DOCUMENT # P03000059003

1. Entity Name
CLAUDIO TRUCKING CO.



Principal Place of Business
**620 BUFORD AVE
ORANGE CITY, FL 32763**

Mailing Address
**620 BUFORD AVE
ORANGE CITY, FL 32763**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01162004 Chg-P CR2E034 (10/03)

4. FEI Number

65-1194315

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLAUDIO, JOSE A
620 BUFORD AVE
ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

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

Jose Claudio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-04

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

TITLE **D** ☐ Delete
NAME **CLAUDIO, JOSE A**
STREET ADDRESS **620 BUFORD AVE**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D/V P**
STREET ADDRESS **Luz E. Torres**
CITY-ST-ZIP **620 Buford Av
Orange City, FL 32763**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Johan Rivera**
CITY-ST-ZIP **620 Buford Av
Orange City, FL 32763**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Tony Claudio**
CITY-ST-ZIP **620 Buford Ave
Orange City, FL 32763**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Jorge Claudio**
CITY-ST-ZIP **620 Buford Av
Orange City, FL 32763**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Maria Claudio**
CITY-ST-ZIP **620 Buford Av
Orange City, FL 32763**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Jose Claudio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-04

DATE

321-363-7404

DAYTIME PHONE #

see
back