

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90076 046 \*\*\*150.00

**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**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 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  
NAME: **CLAUDIO, JOSE A**  
STREET ADDRESS: **620 BUFORD AVE**  
CITY-ST-ZIP: **ORANGE CITY, FL 32763**

TITLE: D  
NAME: **TORRES, LUZ E**  
STREET ADDRESS: **620 BUFORD AVE**  
CITY-ST-ZIP: **ORANGE CITY, FL 32763**

TITLE: D  
NAME: **RIVERA, JOHAN**  
STREET ADDRESS: **620 BUFORD AVE**  
CITY-ST-ZIP: **ORANGE CITY, FL 32763**

TITLE: D  
NAME: **CLAUDIO, TONY**  
STREET ADDRESS: **620 BUFORD AVE**  
CITY-ST-ZIP: **ORANGE CITY, FL 32763**

TITLE: D  
NAME: **CLAUDIO, JORGE**  
STREET ADDRESS: **620 BUFORD AVE**  
CITY-ST-ZIP: **ORANGE CITY, FL 32763**

TITLE: D  
NAME: **CLAUDIO, MARIA**  
STREET ADDRESS: **620 BUFORD AVE**  
CITY-ST-ZIP: **ORANGE CITY, FL 32763**

**DO NOT WRITE  
IN THIS SPACE**

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: Jose A. Claudio - Jose A. Claudio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05  
Date

321-426-6267  
Daytime Phone #