

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90001 039 ***150.00

DOCUMENT # P03000071664

1. Entity Name
LERA TRUCKING, INC.



Principal Place of Business
**5047 NORTH A1A, #1204
FT. PIERCE FL 34949**

Mailing Address
**5047 NORTH A1A, #1204
FT. PIERCE FL 34949**

2. Principal Place of Business
2389 Chantilly Terr

3. Mailing Address
Same



MOORE CR2E034 (11/03)

City & State
Oviedo FL

City & State

4. FEI Number
83-0362774

Applied For
☐ Not Applicable

Zip
32765-8607

Country
Seminole

Zip

Country

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

**HARTMANN, THOMAS J
5047 NORTH A1A, #1204
FT. PIERCE FL 34949**

Name

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

2389 Chantilly Terrace

City
Oviedo

FL

Zip Code
32765-8607

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 **Thomas J Hartmann**

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

(NOTE: Registered Agent signature required when reinstating)

2/2/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARTMANN, THOMAS J**
STREET ADDRESS **5047 NORTH A1A, #1204**
CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
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 **2389 Chantilly Terrace**
CITY-ST-ZIP **Oviedo, FL 32765-8607**

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: **Thomas J Hartmann**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

Daytime Phone #