

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90046 022 \*\*\*150.00

**DOCUMENT # P03000083160**

1. Entity Name

TRUCKING SOUTHERN STYLE, INC.



Principal Place of Business

4008 25TH ST W  
BRADENTON FL 34205

Mailing Address

4008 25TH ST W  
BRADENTON FL 34205

2. Principal Place of Business

4027 LAKE BAYSHORE DR

Suite, Apt. #, etc.

C-114

City & State

BRADENTON, FLORIDA

Zip

34205

Country

MANATEE

3. Mailing Address

4027 LAKE BAYSHORE DR

Suite, Apt. #, etc.

C-114

City & State

BRADENTON, FLORIDA

Zip

34205

Country

MANATEE



MOORE

CR2E034 (11/03)

4. FEI Number

61-1453738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

~~\$8.75~~ Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOVACH, KAREN DIANA  
4008 25TH ST W  
BRADENTON FL 34205

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

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, 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	P	<input type="checkbox"/> Delete
NAME	KOVACH, RANDY JOE	
STREET ADDRESS	4008 25TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOVACH, KAREN DIANA	
STREET ADDRESS	4008 25TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACH, RANDY JOE	
STREET ADDRESS	4027 LAKE BAYSHORE DR. #C-114	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACH, KAREN DIANA	
STREET ADDRESS	4027 LAKE BAYSHORE DR. #C-114	
CITY-ST-ZIP	BRADENTON, FL 34205	
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		
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 all other like empowered.

SIGNATURE:

*Randy J. Kovach* RANDY J. KOVACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 941-739-3951

Date

Daytime Phone #