

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90023 020 ***150.00

DOCUMENT # P03000083428

1. Entity Name

LEON L. BEYER TRUCKING, INC.



Principal Place of Business

5522 LAKE LIZZIE DRIVE
SAINT CLOUD FL 34771

Mailing Address

5522 LAKE LIZZIE DRIVE
SAINT CLOUD FL 34771



2. Principal Place of Business

3. Mailing Address

5522 LAKE LIZZIE DRIVE
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ST CLOUD FL
34771 USA

City & State

ST CLOUD FL
34771 USA

4. FEI Number

35-2212241

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEYER, LEON L
5522 LAKE LIZZIE DRIVE
SAINT CLOUD FL 34771

7. Name and Address of New Registered Agent

Name: LEON L BEYER
Street Address (P.O. Box Number is Not Acceptable): 5522 LAKE LIZZIE DRIVE
City: ST CLOUD FL 34771

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 (Print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when instituting)

DATE

3/29/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 | <input type="checkbox"/> Delete |
| NAME | BEYER, LEON L | |
| STREET ADDRESS | 5522 LAKE LIZZIE DRIVE | |
| CITY - ST - ZIP | SAINT CLOUD FL 34771 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BEYER, DEBORAH L | |
| STREET ADDRESS | 5522 LAKE LIZZIE DRIVE | |
| CITY - ST - ZIP | SAINT CLOUD FL 34771 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|---|
| 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 | |
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| 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 exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06 (407) 8918764