2004 FOR PROFIT CORPORATION ANNUAL REPORT (AC)

9/17/2004-90005-031-\$\$50.00-\$550.00

	ANNUAL N	EPUNI (AL)			172004-20003-0	34-6930.00-3	330.00	
DOCUMENT # P03000117940 1. Entity Name					04 OCT 13	3 AM 9:5	i3	
LDC TRU	CKING OF ORLANDO INC				SECRETA	RY OF STAT	E.	
Principal Plac	e of Business	Mailing Address	·· · · · · · · · · · · · · · · · · · ·		TALLAHAS	ry of <mark>stat</mark> see. Florii	ΔÄ	
9124 MONTEVELLO DR. 9124 MONTEVELLO DR. ORLANDO FL 32818 ORLANDO FL 32818					It Males in Males			
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2. Principal Place of Business 9124 Mondanel b D								
Suite. Apt. #, etc. Suite. Apt. #, etc.			 ১ _		MOORE	CR2E	034 (4/04)	
City & State	do FC	City & State		4.	FEI Number 20 - 01	324964		oplied For ot Applicable
Zip 3187 8 Country. Zip			Country	5.	Certificate of Status D	esired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					Name and Address o	f New Registers	d Agent	
	10150 4110		Name					
OUINONES, JULIO C 9124-MONTEVELLO DR ORLANDO FL 32818				ress (P.O. l	Box Number is Not Ac	ceptable)		
Ont.	ANDO FL 32010	نوغاد در د اصره د استاد ا ا وبطان با <u>ستان در در</u>	City	· 			1 70 Cod	
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8. The above the obligat	named entity sy poits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or re	egistered aç	gent, or both, in the St	ate of Florida. I a	m familiar with,	and accept
SIGNATURE	Signature of registered agons a	nd title if applicable. (NOTE: R	egistered Agent signature	required when r	einstating)	9/10	1/04	
	ILE NOWIII FEE IS \$550.00 DUE BY September 8, 2004	S.607.193(2)(b), F.S. late fee. By checkin did not receive prior	ng this box, the con	poration ce	rtifies it Trust F	n Campaign Fina und Contribution		00 May Be ed to Fees
DESCRIPTION NO. YOUR	STATE TO STATE OF THE PROPERTY OF THE CONTRACT OF THE PROPERTY	10 7.36 · 0 1 · 0 · 0						
10.	OFFICERS AND	DIRECTORS Delete	TITLE	AI	DDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR:	S IN 11
NAME	QUINONES; JULIO C	CT Octate	NAME				C) Charge	CT MODIFICAL
STREET ADDRESS	9124 MONTEVELLO DR.		STREET ADDRESS					}
CITY-ST-ZIP	ORLANDO FL 32818		CITY-ST-ZIP		 			
TITLE NAME	OUINONES): JULIO	□ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS	9124 MONTEVELLO DR		STREET ADDRESS					-
CMY-ST-ZIP	OELANDO FL 32818		CITY-ST-ZIP					
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NAME	ĺ	•	NAME					
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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 eath; 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.								
SIGNA	TURE:	PRINTED MANE OF SIGNING OFFICER OF	A COURT OF THE PARTY OF THE PAR		9/14/	9 3	21-239-	2230
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