
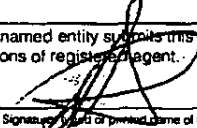
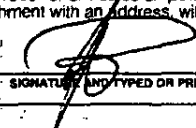


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/17/2004-90005-034 \$550.00-\$550.00

<b>DOCUMENT # P03000117940</b> 1. Entity Name <b>LDC TRUCKING OF ORLANDO INC</b>				<b>04 OCT 13 AM 9:53</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>9124 MONTEVELLO DR. ORLANDO FL 32818 US</b>		Mailing Address <b>9124 MONTEVELLO DR. ORLANDO FL 32818 US</b>			
2. Principal Place of Business <b>9124 Montevello Dr</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando FL</b>		City & State <b>Same</b>		4. FEI Number <b>20-0324964</b>	
Zip <b>32818</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUINONES, JULIO C 9124 MONTEVELLO DR. ORLANDO FL 32818</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity supports 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  DATE <b>9/14/04</b> <small>Signature must be of principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>QUINONES, JULIO C</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>9124 MONTEVELLO DR.</b>	CITY-ST-ZIP <b>ORLANDO FL 32818</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b>	NAME <b>QUINONES, JULIO</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>9124 MONTEVELLO DR</b>	CITY-ST-ZIP <b>ORLANDO FL 32818</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Date <b>9/14/04</b>		Daytime Phone # <b>321-239-2230</b>	