


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90023 026 ***150.00

DOCUMENT # P03000118908 1. Entity Name P & B TRUCKING, INC.					
Principal Place of Business 407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787 US			Mailing Address 407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787 US		
2. Principal Place of Business 443 ORIONVISTA WAY Suite, Apt. #, etc.		3. Mailing Address 443 ORIONVISTA WAY Suite, Apt. #, etc.			
City & State OAKLAND FL Zip 34787-8989		City & State OAKLAND FL Zip 34787-8989		4. FEI Number 20-0328583 20-0328582	
Country ORANGE		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THORPE, LYSANDER 6327 PINEY GLEN LANE ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name SATYACHARAN PADARAT Street Address (P.O. Box Number is Not Acceptable) 443 ORIONVISTA WAY City OAKLAND State FL Zip Code 34787		
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 <i>Satyacharan Padarat</i> SATYACHARAN PADARAT 01/19/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PADARAT, SATYACHARAN 407 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S. SATYACHARAN PADARAT 443 ORIONVISTA WAY, OAKLAND, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME 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 exemptions contained in Chapter 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: <i>Satyacharan Padarat</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/19/2006 (407) 656-0183 <small>Date Daytime Phone #</small>		