

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 009 ***150.00

DOCUMENT # P03000125198 -

1. Entity Name

SHANE REESE TRUCKING, INC.



Principal Place of Business

PO BOX 701507
ST CLOUD FL 34770

Mailing Address

PO BOX 701507
ST CLOUD FL 34770

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 05-0592976

Applied For
No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

REESE, GLORIA J
2350 SHEPHERD AVE
ST CLOUD FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2380 Shepherd Ave

City ST. Cloud

FL

Zip Code 32771

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, 2007 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 PD
NAME REESE, SHANE ☐ Delete
STREET ADDRESS P O BOX 701507
CITY ST /IP ST CLOUD FL 34770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST /IP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST /IP

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CITY ST /IP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST /IP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST /IP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST /IP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST /IP

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:

Shane D. Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/07 407-948-2484

Date Daytime Phone #