

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90005 002 ***158.75

DOCUMENT # P03000146256

1. Entity Name

CLN TRUCKING CORP.



Principal Place of Business

2010 CRESTRIDGE DRIVE
CLERMONT FL 34711

Mailing Address

2010 CRESTRIDGE DRIVE
CLERMONT FL 34711

04007040

2. Principal Place of Business

3. Mailing Address

P.O. Box 7833 04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Gardens Flo.

4. FEI Number

20-0455913

Applied For

Not Applicable

Zip

Country

Zip

34778-3304

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIN, CARLOS
2010 CRESTRIDGE DRIVE
CLERMONT FL 34711

Name

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

City

FL

Zip Code

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

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. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MARIN, CARLOS
STREET ADDRESS 2010 CRESTRIDGE DRIVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LISA MARIN, LIZAMAR
STREET ADDRESS 2010 CRESTRIDGE DRIVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30/04

Attachment
Doc # P03000146254

Division of Corporations
Annual Report Section
P.O.Box 6850
Tallahassee, FL 32314

Re:
FE I # 20-0455913
C L N Trucking Corp.
Annual Report

To Whom It May Concern:

This is my first year in the corporation, I never received any documents that I needed to send. We have had problems with our mail with someone who has our same address. It was already reported to the post office. For that reason we have changed our address to the P.O. Box 783304 Winter Garden, Florida 34778-3304. This is our first time with the corporation and we want to know if you can please give us a chance with the penalty charges. And, also if possible please correct my name it is miss spelled. It is Lisamar without the z.

Sincerely,



C L N Trucking Corporation
Carlos Tomas Marin
Lisamar Marin