

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90024 014 ***150.00

DOCUMENT # P03000151543

1. Entity Name
E.LORENZO TRUCKING INC.



Principal Place of Business
**1302 SE 10TH TERRACE
CAPE CORAL, FL 33990**

Mailing Address
**1302 SE 10TH TERRACE
CAPE CORAL, FL 33990**

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

3. Mailing Address

1325 SE 4TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

H.

City & State

CAPE CORAL FL

Zip

Country

Zip

33904

Country

02042008

Chg-P

CR2E034 (12/06)

4. FEI Number
77-0617064

Applied For
Not Applicable

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

**LORENZO, ELEONEL
4328 SW SANTA BARBARA PL.
CAPE CORAL, FL 33914**

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

ELIONEL LORENZO.

(NOTE: Registered Agent signature required when reappointing)

02/04/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LORENZO, ELEONEL**
STREET ADDRESS **4328 SW SANTA BARBARA PL.**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIONEL LORENZO

Date

02/04/08 (239) 745-055

Daytime Phone #