2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P04000018110 1. Entity Name O.S. TRUCKING, INC.							04-11-2005 9	90167 048 ***15	0.00	
Principal Plac	e of Business	м	lailing Address		<u> </u>	1	-			
2711 48TH AVE NE			2711 48TH AVE NE			l .	•			
NAPLES, FL 34120			NAPLES, FL 34120				-			
•		•	•							
2. Principal Place of Business		3.	3. Mailing Address							
Suite, Apt. #, etc.		-	Suite, Apt. #, etc.			04092005	Chg-P	CR2E034 (10/03)		
City & State			City & State			4. FEI Number 20 - 0	66 7095	5 A	pplied For ot Applicable	
Zip	Country		Zip .	Coun	ntry	5. Certificate of	of Status Desired	□ \$8.75 Ad Fee Require	ditional ad	
	- 6. Name and Addres	s of Current Regis	tered Agent			7. Name and A	Address of New Ro	egistered Agent		
0001.05					Name		-			
SEGU, ORLANDO 2711 48TH AVE NE					Street Address (eet Address (P.O. Box Number is Not Acceptable)				
NAPLES, I	FL 34120				,					
,										
					City			FL Zip Coo	ie	
8. The above	named entity submits this	statement for the p	ourpose of changing its	reaister	ed office or register	ed agent, or both	i, in the State of Flo	- —	and accept	
the obligat	tions of registered agent.			•			,	, ,	und dodop.	
SIGNATURE.	1 Muses	les .						4/9/05		
SIGNATURE	Signature, typed or printed name of	regioned agent and title	if applicable. (NOTE	: Registere	d Agent signature required	when reinstaling)		DATE		
FIL After Ma	E NOW!!! FEE IS \$1 ay 1, 2005 Fee will	150.00 be \$550.00	9. Election Campaig Trust Fund Contri			.00 May Be ed to Fees				
10	···	FICERS AND DIREC	CTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTOR	S IN 11	
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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 cath; 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/9/05

239-280-6685

Daytime Phone #