

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90025 006 ***158.75

DOCUMENT # P04000034647

1. Entity Name
ILLUSION TRUCKING INC.



Principal Place of Business
9881 DOWNEY COVE DR
ORLANDO, FL 32825

Mailing Address
9881 DOWNEY COVE DR
ORLANDO, FL 32825

Change of Address

2. Principal Place of Business

6566 Benham ct

3. Mailing Address

6566 Benham ct

Suite, Apt. #, etc.

Orlando FL

Suite, Apt. #, etc.

Orlando FL

City & State

City & State

Orange

Zip

32818

Country

Orange

Zip

Country

03142005

Chg-P

CR2E034 (10/03)

4. FEI Number

14-1903124

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JURAWAN, PRETAM
9881 DOWNEY COVE DR
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name

Pretam Jurawan

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

6566 Benham ct

City

Orlando

FL

Zip Code

32818

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
JURAWAN, PRETAM
9881 DOWNEY COVE DR
ORLANDO, FL 32825

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/05

321 354-5240