


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P04000035154

1. Entity Name
MSM TRUCKING INC.



Principal Place of Business
1792 GLENHAVEN CIRCLE
OCOE, FL 34761 US

Mailing Address
1792 GLENHAVEN CIRCLE
OCOE, FL 34761 US

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0231129	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SADEO, RAJENDRA
1792 GLENHAVEN CIRCLE
OCOE, FL 34761

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 SADEO, RAJENDRA 1792 GLENHAVEN CIRCLE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGLETON, VICTOR M 1792 GLENHAVEN CIRCLE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARRELL, LEZCANO 1792 GLENHAVEN CIRCLE OCOE, FL 34761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/27/07-80105-001 150.00

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: R. Sadeo RAJENDRA SADEO **3-15-07** **321 388 2499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #