


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90016 027 ***150.00

DOCUMENT # P04000035154

1. Entity Name
MSM TRUCKING INC.



Principal Place of Business Mailing Address
1792 GLENHAVEN CIRCLE **1792 GLENHAVEN CIRCLE**
OCOEE, FL 34761 US **OCOEE, FL 34761 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01292008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
30-0231129 Not Applicable

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

6. Name and Address of Current Registered Agent
SADEO, RAJENDRA
1792 GLENHAVEN CIRCLE
OCOEE, FL 34761

7. Name and Address of New Registered Agent
 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 _____ 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, 2008 Fee will be \$550.00

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 **SADEO, RAJENDRA**
 STREET ADDRESS **1792 GLENHAVEN CIRCLE**
 CITY-ST-ZIP **OCOEE, FL 34761**

TITLE **PTS** Change Addition

TITLE **S** Delete
 NAME **SINGLETON, VICTOR M**
 STREET ADDRESS **1792 GLEN HAVEN CIRCLE**
 CITY-ST-ZIP **OCOEE, FL 34761**

TITLE Change Addition

TITLE **T** Delete
 NAME **WARRELL, LEZCANO**
 STREET ADDRESS **1792 GLENHAVEN CIRCLE**
 CITY-ST-ZIP **OCOEE, FL 34761**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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: *x R. Sadeo* **RAJENDRA SADEO** *1-30-08* **(321)388-2499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40019548

