2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2007 08:00 AM Secretary of State DOCUMENT # P04000052995 1. Entity Name FRANK DERZSI TRUCKING, INC. Principal Place of Business Mailing Address 6882 TEMA LANE 6882 TEMA LANE SARASOTA, FL 34241 SARASOTA, FL 34241 No Chg-P CR2E034 (11/05) 04142007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0912541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DERZSI, FRANK J DO NOT WRITE 6882 TEMA LANE SARASOTA, FL, FL 34241 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **TITLE** DERZSI, FRANK J NAME STREET ADDRESS 6882 TEMA LANE CITY-ST-ZIP SARASOTA, FL 34241 TITLE NAME U00000719654 05/01/07-80072-014 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 time empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED THE OF SIGNING OFFICER OR DIRECTOR

4-16-67

Daytime Phone #

FILED