

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90292 036 ***150.00

DOCUMENT # P04000068445 1. Entity Name AL CACCHIOTTI TRUCKING, INC			
Principal Place of Business 42291 STATE ROAD 70 MYAKKA CITY, FL 34251		Mailing Address 42291 STATE ROAD 70 MYAKKA CITY, FL 34251	
2. Principal Place of Business		3. Mailing Address P.O. Box 204	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MYAKKA CITY, FL	
Zip 34251	Country	Zip 34251	Country
4. FEI Number 20-1046989		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AL, CACCHIOTTI 42291 STATE ROAD 70 MYAKKA CITY, FL 34251		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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME CACCHIOTTI, ALBERT D <input type="checkbox"/> Delete STREET ADDRESS 42291 SR 70 CITY-ST-ZIP MYAKKA CITY, FL 34251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME CACCHIOTTI, CHRISTINA M. <input type="checkbox"/> Delete STREET ADDRESS 42291 SR 70 CITY-ST-ZIP MYAKKA CITY, FL 34251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>Albert D Cacchiotti</u> ALBERT D CACCHIOTTI 4/22/05 941-322-2083 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			