


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90028 033 \*\*\*150.00

**DOCUMENT # P04000069039**

1. Entity Name  
**S&E TRUCKING, INC**



Principal Place of Business  
**5541 GATLIN AVE., APT. B  
C/O SAMUEL RIOS  
ORLANDO, FL 32825**

Mailing Address  
**5541 GATLIN AVE., APT. B  
C/O SAMUEL RIOS  
ORLANDO, FL 32825**

2. Principal Place of Business  
**5541 GATLIN AVE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**APT B**

Suite, Apt. #, etc.  
**SAME**

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip  
**32812**

Country  
**ORANGE**

Zip  
**32812**

Country  
**ORANGE**



05092005 Chg-P CR2E034 (10/03)

4. FEI Number  
**201060000**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RIOS, SAMUEL  
513 CEDAR BEND CIR  
APT 203  
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name  
**Rios Samuel**

Street Address (P.O. Box Number is Not Acceptable)  
**5541 GATLIN AV APT B**

**APT B**

City  
**ORLANDO**

FL **32812**

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 *Samuel Rios* **Samuel Rios** **5-13-05**

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

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIOS, SAMUEL</b>		NAME <b>Rios Samuel</b>	
STREET ADDRESS <b>513 CEDAR BEND CIR APT 203</b>		STREET ADDRESS <b>5541 GATLIN AV APT B</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32825</b>		CITY-ST-ZIP <b>ORL FL 32812</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Samuel Rios* **Samuel Rios** **5/13/05** **407-427-0451**

Signature and typed or printed name of signing officer or director Date Daytime Phone #