



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000070557 1. Entity Name SADMIR'S TRUCKING, INC.	
----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1917 N STAR LANE JACKSONVILLE, FL 32246	Mailing Address 1917 N. STAR LANE JACKSONVILLE, FL 32246
---------------------------------------------------------------------------	----------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1069941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HALILOVIC, SADMIR  
1917 N. STAR LANE  
JACKSONVILLE, FL 32246

**DO NOT WRITE 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: *X Halilovic S* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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

U00000733666  
05/09/07-80094-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HALILOVIC, SADMIR 2435 WHISPERING WOODS BLVD UNIT 1 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALILOVIC, SADMIR 2435 WHISPERING WOODS BLVD UNIT 1 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 Halilovic S* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_