


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90231 049 \*\*\*150.00

<b>DOCUMENT # P04000080549</b> 1. Entity Name <b>GITTER DUNN TRUCKING, INC.</b>			
Principal Place of Business <b>2568 GROVE PARK AVE., NO. ST. PETERSBURG, FL 33714</b>		Mailing Address <b>2568 GROVE PARK AVE., NO. ST. PETERSBURG, FL 33714</b>	
2. Principal Place of Business <b>10902 HOLLY CONE DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>10902 HOLLY CONE DR.</b> Suite, Apt. #, etc.	
City & State <b>RIVERVIEW, FL</b> Zip <b>33569</b> Country		City & State <b>RIVERVIEW, FL</b> Zip <b>33569</b> Country	
4. FEI Number <b>20-1143912</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>WILSON, WILLIAM C 2568 GROVE PARK AVE., NO. ST. PETERSBURG, FL 33714</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10902 HOLLY CONE DR.</b> City <b>RIVERVIEW</b> <b>FL</b> Zip Code <b>33569</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4-14-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WILSON, WILLIAM C 2568 GROVE PARK AVE., NO. ST. PETERSBURG, FL 33714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10902 HOLLY CONE DR RIVERVIEW, FL 33569</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-14-05</b> Daytime Phone #	

**4008352**

