

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

02-07-2005 90077 012 ***150.00

DOCUMENT # P04000086955 1. Entity Name DENMAR TRUCKING INC.					
Principal Place of Business 4344 NW 202 STREET MIAMI, FL 33055				Mailing Address 4344 NW 202 STREET MIAMI, FL 33055	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 593005944				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DENSON, MARION 4344 NW 202 STREET MIAMI, FL 33055				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DENSON, MARION 4344 NW 202 STREET MIAMI, FL 33055	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DENSON, DEBORAH 20341 NW 32ND CT MIAMI, FL 33055	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BRATTON, BARBARA 2201 NW 190TH TERR MIAMI, FL 33056	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
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: MARION DENSON _____ SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		

66003845



01102005 Chg-P CR2E034 (10/03)

4. FEI Number **593005944** Applied For
☐ Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

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10.	OFFICERS AND DIRECTORS
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DENSON, DEBORAH 20341 NW 32ND CT MIAMI, FL 33055
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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SIGNATURE: **MARION DENSON**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/27/05 (305)205-8626
 Daytime Phone