

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90253 044 \*\*\*150.00

<b>DOCUMENT # P04000088956</b> 1. Entity Name <b>R &amp; D TRUCKING OF TAMPA, INC.</b>					
Principal Place of Business <b>8202 CYPRESS BREEZE WAY TAMPA, FL 33647</b>			Mailing Address <b>8202 CYPRESS BREEZE WAY TAMPA, FL 33647</b>		
2. Principal Place of Business <b>5416 CHANDLER DRIVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>5416 CHANDLER DRIVE</b> Suite, Apt. #, etc.		
City & State <b>WINTER HAVEN, FL</b>		City & State <b>WINTER HAVEN, FL</b>		4. FEI Number <b>20-1220419</b>	
Zip <b>33884</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHANDERDAT, DEBBIE 8202 CYPRESS BREEZE WAY TAMPA, FL 33647</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<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 CHANDERDAT, DEBBIE 8202 CYPRESS BREEZE WAY TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANDERDAT, DEBBIE 5416 CHANDLER DRIVE WINTER HAVEN, FL 33884
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHANDERDAT, ROBIN 8202 CYPRESS BREEZE WAY TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHANDERDAT, ROBIN 5416 CHANDLER DRIVE WINTER HAVEN, FL 33884
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE: <u>Debbie Chandler</u> DEBBIE CHANDERDAT 4/10/06 813-433-4629</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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