

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000092160

1. Entity Name
PERSONETTE TRUCKING INC



Principal Place of Business
**12496 SW 89 ST
LAKE BUTLER, FL 32054 US**

Mailing Address
**12496 SW 89 ST
LAKE BUTLER, FL 32054 US**



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number **20-1265016** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PERSONETTE, NORMAN
RT 4, BOX 3365
LAKE BUTLER, FL 32054**

**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

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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PERSONETTE, NORMAN**
STREET ADDRESS **RT 4, BOX 3365**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **SEC**
NAME **PERSONETTE, CAROLYN**
STREET ADDRESS **RT 4, BOX 3365**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE
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**U00000763651
05/30/07-80022-003 550.00**

**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: *Norman Personette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/2007 352/400/0932
Date Daytime Phone #