

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90198 002 ***150.00

DOCUMENT # P04000094962 1. Entity Name ABD TRUCKING INC					
Principal Place of Business 21976 BEVERLY AVE PORT CHARLOTTE, FL 33952			Mailing Address 21976 BEVERLY AVE PORT CHARLOTTE, FL 33952		
2. Principal Place of Business 21262 Mulberry Ave Port Charlotte		3. Mailing Address 9701 SW 9th CT Pembroke Pine			
Suite, Apt. #, etc. FL		Suite, Apt. #, etc. FL			
City & State FL		City & State FL		4. FEI Number 20-1271794	
Zip 33952		Country 33025		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRITIPAU, PEPAMBER 21976 BEVERLY AVE PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name PETAMBER Pritipaul Street Address (P.O. Box Number is Not Acceptable) 9701 SW 9th ct City PEMBROKE PINES FL Zip Code 33025		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PRITIPAU, PEPAMBER 21976 BEVERLY AVE. PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRITIPAU PETAMBER 9701 SW 9th ct FL. 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			PETAMBER Pritipaul		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/25/05 Daytime Phone # 941-232-6717		