

2005 FOR PROFIT CORPORATION ANNUAL REPORT


07-08-2005 30025'021'***150:00
P04000107182

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50055379

DOCUMENT # P04000107182			
1. Entity Name CEE CEE TRUCKING INC.			
Principal Place of Business 1690 VARNER COURT BARTOW, FL 33830		Mailing Address 1690 VARNER COURT BARTOW, FL 33830	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1544461		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COLEMAN, CLIFFORD JR 1690 VARNER COURT BARTOW, FL 33830		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Clifford Coleman Jr.</i>		Date: 7/5/05 x 581-2130	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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For The Record of Florida Inc.
2300 29th Street NW
Winter Haven, FL 33881
863-965-4477
863-965-4576 Fax

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

RE:P04000107182

To Whom It May Concern,

Please allow this letter to serve as a request to waiver additional penalties and to reinstate the account.

Mr. Coleman did send in the necessary payment amount and form in July. He did not receive the first notice on the annual report and monies due. Only after receiving the Notice of Dissolution did we realize that the account has a status of Administrative Dissolution for annual report.

We anticipate your decision.

If additional information is needed, please contact Mr. Coleman or myself at the above address or phone number.

Respectfully,



Carol D. Lamons
Accountant