

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-P CR2E034 (11/05)

1. FEI Number  
20-1544461

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COLEMAN, CLIFFORD JR  
1690 VARNER COURT  
BARTOW, FL 33830

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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**

1000000758206  
05/23/07-80109-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PVPS
NAME	COLEMAN, CLIFFORD JR
STREET ADDRESS	1690 VARNER COURT
CITY-ST-ZIP	BARTOW, 33 33830
TITLE	T
NAME	COLEMAN, CLIFFORD JR
STREET ADDRESS	1690 VARNER COURT
CITY-ST-ZIP	BARTOW, 33 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 4/30/07 (863)581-2130