


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90028 027 ***150.00

DOCUMENT # P04000108765	
1. Entity Name ALMIR MALDOSEVIC TRUCKING, INC.	

Principal Place of Business 11186 BENTLEY TRACK LANE EAST JACKSONVILLE, FL 32257	Mailing Address 11186 BENTLEY TRACK LANE EAST JACKSONVILLE, FL 32257
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2. Principal Place of Business 11186 BENTLEY TRACK LANE E.	3. Mailing Address 11186 BENTLEY TRACK LANE E.
Suite, Apt. #, etc. JACKSONVILLE, FL	Suite, Apt. #, etc.
City & State	City & State JACKSONVILLE, FL
Zip 32257	Country DUVAL



08242005 Chg-P CR2E034 (10/03)

4. FEI Number 651230320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALDOSEVIC, ALMIR 11186 BENTLEY TRACK LANE EAST JACKSONVILLE, FL 32257	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	P MALDOSEVIC, ALMIR 11186 BENTLEY TRACK LANE EAST JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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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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: ALMIR MALDOSEVIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/05
Date

904-234-6376
Daytime Phone #