

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

04-10-2006 90311 014 ***150.00

DOCUMENT # P04000116481

1. Entity Name
D & T FAMILY TRUCKING INC.



Principal Place of Business
**6422 NORTHWEST TAPER COURT
PORT ST LUCIE, FL 34983**

Mailing Address
**6422 NORTHWEST TAPER COURT
PORT ST LUCIE, FL 34983**

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2475617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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: *David J. Jolley*

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE: **3-14-06**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: **DPST**
NAME: **ZACKERY, DAVID**
STREET ADDRESS: **6422 NORTHWEST TAPER COURT**
CITY - ST - ZIP: **PORT ST LUCIE, FL 34983**

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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: *David J. Jolley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-06

Date

Daytime Phone #

772-344-8699