

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000116899**

1. Entity Name  
BILL SHRO TRUCKING, INC.



**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1490 PALMETTO DR  
KISSIMMEE, FL 34744

Mailing Address  
1490 PALMETTO DR  
KISSIMMEE, FL 34744



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1475027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

LUBERDA, DOROTHY  
1401 MICHIGAN AVE  
ST. CLOUD, FL 34769

**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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

1100000381944  
01/11/06-80076-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHROYER, WILLIAM 1490 PALMETTO DR. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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:**

*William Shroyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William Shroyer

*1/06/06*  
Date

*407-846-0912*  
Daytime Phone #