

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90377 024 ***150.00

DOCUMENT # P04000125511

1. Entity Name
MDS TRUCKING, INC.



Principal Place of Business
**3241 WHITE BLOSSOM LANE
CLERMONT, FL 34711**

Mailing Address
**3241 WHITE BLOSSOM LANE
CLERMONT, FL 34711**

400000



2. Principal Place of Business ^{Cir.}
2904 MAGNOLIA Blossom

3. Mailing Address
2904 MAGNOLIA Blossom CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State
CLERMONT FL

City & State
CLERMONT FL

4. FEI Number
20-1565475

Applied For
Not Applicable

Zip
34711

Country
LAKE

Zip
34711

Country
LAKE

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

6. Name and Address of Current Registered Agent

**SHIVLALL, DAVID
3241 WHITE BLOSSOM LANE
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name **SHIVLALL DAVID**

Street Address (P.O. Box Number is Not Acceptable)

2904 MAGNOLIA Blossom CIRCLE

City **CLERMONT**

FL

Zip Code
34711

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 SHIVLALL - PRESIDENT

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**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **SHIVLALL, DAVID**
STREET ADDRESS **3241 WHITE BLOSSOM LANE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **ST** ☐ Delete
NAME **SHIVLALL, DEVIKA**
STREET ADDRESS **3241 WHITE BLOSSOM LANE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DAVID SHIVLALL**
STREET ADDRESS **2904 Magnolia Blossom CIRCLE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **VP. T. S.** ☐ Change ☐ Addition
NAME **DEVIKA SHIVLALL**
STREET ADDRESS **2904 Magnolia Blossom Circle**
CITY-ST-ZIP **CLERMONT, FL. 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-17-06** Daytime Phone #