


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000135186</b> 1. Entity Name MINDZORA TRUCKING, INC.	
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Principal Place of Business 13165 LITTLE FARMS DRIVE SPRING HILL, FL 34609	Mailing Address 13165 LITTLE FARMS DRIVE SPRING HILL, FL 34609
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 13, 2008 08:00 AM**  
**Secretary of State**



07172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1671865	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

MINDZORA, JAMES R  
13165 LITTLE FARMS DRIVE  
SPRING HILL, FL 34609

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000957638 08/13/08-80003-007 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINDZORA, JAMES R 13165 LITTLE FARMS DRIVE SPRING HILL, FL 34609
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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 firms empowered.

SIGNATURE:  **James Mindzora** 8-7-08 727-515-4546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #