

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90051 006 ***164.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000140479					
1. Entity Name GORILLA TRUCKING INC					
Principal Place of Business PO BOX 445 OKEECHOBEE FL 34973			Mailing Address PO BOX 445 OKEECHOBEE FL 34973		
2. Principal Place of Business 5284 NW 20th St			3. Mailing Address PO 445		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Okeechobee FL		City & State Okeechobee FL		4. FEI Number 65-1235556	
Zip 34972		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 34973		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORWIN, MARK A 5284 N.W. 20TH STREET OKEECHOBEE FL 34972				7. Name and Address of New Registered Agent	
				-Name-	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 <u>Mark A Corwin</u> MARK A CORWIN owner <u>1/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!!! FEE IS: \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			\$164 TOTAL		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORWIN, MARK A 5284 N.W. 20TH STREET OKEECHOBEE FL 34972	<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: <u>Mark A Corwin</u> MARK A CORWIN owner <u>1/26/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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