2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153300

1. Entity Name
SORRELLS TRUCKING, INC.

Principal Place of Business	Mailing Address
1192 N.E. LIVINGSTON LOOP ROAD ARCADIA, FL 34266	P. O. BOX 551 ARCADIA, FL 34265

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1888384	Not Applicable

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

6. Name and Address of Current Registered Agent

SORIA, G. CRAIG
1192 N.E. LIVINGSTON LOOP ROAD
ARCADIA, FL 34266

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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, 2007 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
NAME	SORRELLS, STEVE
STREET ADDRESS	6923 NW STATE 661
CITY-ST-ZIP	ARCADIA, FL 34266

TITLE	V
NAME	SORIA, LEDANE
STREET ADDRESS	4375 BRANDYWINE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Steve Sorrells_   1/4/2007   863-494-3066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #