

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90109 006 \*\*\*150.00

**DOCUMENT # P04000164578**

1. Entity Name  
**RWR TRUCKING OF DADE CITY, INC.**



Principal Place of Business  
**33297 WESTWOOD DRIVE  
DADE CITY, FL 33523**

Mailing Address  
**33297 WESTWOOD DRIVE  
DADE CITY, FL 33523**

**66024373**



06302005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1968527** Applied For  
Not Applicable

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

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

**ROBINSON, RICHARD W  
33297 WESTWOOD DRIVE  
DADE CITY, FL 33523**

**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 \_\_\_\_\_  
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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, RICHARD W</b>	
STREET ADDRESS	<b>33297 WESTWOOD DRIVE</b>	
CITY - ST - ZIP	<b>DADE CITY, FL 33523</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:** *Richard W. Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
*RWR Trucking of Dade City, Inc.*  
33297 Westwood Drive  
Dade City, Florida 33523

# 04000164578

66024373

June 30, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

EIN #: 20-1968527  
Form: 2005 Uniform Business  
Report

Dear Sir or Madam:

Please find enclosed a corrected 2005 Uniform Business Report. Unfortunately, we did not receive a prior notice of correction in which to respond. We ask that you accept our report and the fee of \$150.00, which was paid with check number 1054 in February. Thank you for your help in this matter.

Please update your records accordingly.

Sincerely,

*Richard W. Robinson*

Richard W Robinson