## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000164714

BUDDY'S TRUCKING OF PINELLAS, INC.



**FILED** Feb 16, 2006 08:00 AM Secretary of State

Principal Place of Business

15097 63RD STREET N. CLEARWATER, FL 33760 Mailing Address

15097 63RD STREET N. CLEARWATER, FL 33760



## DO NOT WRITE IN THIS SPACE

01102006	Na Chg-P	CR2E034 (11/05)			
4. FEI Number		·	Applied For		
20-1979	1083		Not Applicable		
5. Certificate of Status Desired			\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

SCHULTZ, CHARLES R. 15097 63RD STREET N. CLEARWATER, FL 33760

SIGNATURE: Chalu

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. 1 am familiar with, and accept the obligations of registered agent.</li> </ol>							
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: flegistered Agent algorithm reducted when reinstating)  DATE							
	E NOWIII FEE IS \$150.00 By 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, CHARLES R. 15097 63RD STREET N. CLEARWATER, FL 33760				Linninnassi i a		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D SCHULTZ, VERLA M. 15097 63RD STREET N. CLEARWATER, FL 33760				U00000437114 02/28/06-80 <b>026-</b> 021 1 <b>50.00</b>		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				<del></del>		
TITLE 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 attachmegowith an address, with all other like empowered.							

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR