

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000169023**

1. Entity Name  
**HMS TRUCKING INC.**



**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90102 008 \*\*\*150.00

Principal Place of Business <b>2121 SW 14TH AVE CAPE CORAL, FL 33991 US</b>	Mailing Address <b>2121 SW 14TH AVE CAPE CORAL, FL 33991 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



07132005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-2038697</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>SANABRIA, RITA K MRS 2121 SW 14TH AVE CAPE CORAL, FL 33991</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANABRIA, HERBERT M SR 2121 SW 14TH AVE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Herbert Sanabria **Herbert M Sanabria** 07/15/05 239-822-9581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
50057548  
HMS TRUCKING, INC.  
2121 SW 14<sup>th</sup> Avenue  
Cape Coral, FL 33991  
239-822-9581  
P04000169023

July 15, 2005

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

Gentlemen:

I have not received any notification concerning the renewal of my corporation and as a result I missed the \$150.00 renewal fee prior to May 1, 2005. I believe that since this was an honest overlook due to the fact that, as stated above, I did not received the renewal notice, I hope you could wave the \$400.00 penalty for filing late.

Please find enclosed my check in the amount of \$150.00 to bring my corporation up to date.

I apologize for the inconvenience hoping you can process the foregoing request.

Sincerely,

Herbert Sanabria  
Herbert M Sanabria  
President