

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000171274**

1. Entity Name  
**MARK GRUBER TRUCKING INC**



Principal Place of Business  
2395 SE 69TH LANE  
OCALA, FL 34480 US

Mailing Address  
2395 SE 69TH LANE  
OCALA, FL 34480 US

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**



03242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2045137**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

GRUBER, MARK P  
2395 SE 69TH LANE  
OCALA, FL 34480

**DO NOT WRITE  
IN THIS SPACE**

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

U00000707524  
04/24/07-80078-015 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P D
NAME	GRUBER, MARK P
STREET ADDRESS	2395 SE 69TH LANE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	S D
NAME	GRUBER, SHARON
STREET ADDRESS	2395 SE 69TH LANE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Mark P. Gruber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-24-2007*  
Date

Daytime Phone #