


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P05000001632**

1. Entity Name  
**LOPEZ & SONS TRUCKING, INC.**



**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address

2340 NEWMARK DR      2340 NEWMARK DR  
 DELTONA, FL 32738 US      DELTONA, FL 32738 US



09032008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-2118379      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, PORFIRIO  
 2340 NEWMARK DR  
 DELTONA, FL 32738

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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	P,TR
NAME	LOPEZ, PORFIRIO
STREET ADDRESS	2340 NEWMARK DR
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VP,S
NAME	LOPEZ, EVELYN
STREET ADDRESS	2340 NEWMARK DR
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000859345  
 09/09/08-80007-021 150.00

**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: *Porfirio Lopez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-08  
 Date      Daytime Phone #