2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State
03-27-2006 90267 011 ***150.00

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DOCUMENT # P05000028651

1. Entity Name

CLAUDE ENTERPRISES TRUCKING, INC.

66009052

1st MOORE CR2E034 (10/05)

Principal Place of Business	Mailing Address
452 TARRA AVENUE PORT ST LUCIE FL 34953-7826	452 TARRA AVENUE PORT ST LUCIE FL 34953-7826

2. Principal Place of Business: 452 SW Tarra Ave
Suite, Apt. #, etc.
City & State: Port St Lucie FL
Zip: 34953 Country: St Lucie

3. Mailing Address: 452 SW Tarra Ave
Suite, Apt. #, etc.
City & State: Port St Lucie FL
Zip: 34953 Country: St Lucie

4. FEI Number: 02-0739904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ETIENNE, CLAUDE
452 TARRA AVENUE
PORT ST LUCIE FL 34953-7826

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 Claude Etienne [signature] 3/15/06
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETIENNE, CLAUDE 452 TARRA AVENUE PORT ST LUCIE FL 34953-7826 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Claude Etienne 3/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #