2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM Secretary of State

ANNUAL REPORT					oan C	17, 2000	
DOCUMENT # P05000039274					3	ecretar	y oi Sta
1. Entity Name							
L. SANDERS TRUCKING, INC.							
	•		1 1115				
Principal Plac	e of Business	Mailing Address	-				
2111 K-VILLE AVE 2111 K-VILLE AVE							
AUBURNDALI	E, FL 33823	AUBURNDALE, FL 33823					
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Ų	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For
. *			1	11-374	7490	\$9.75	Not Applicable Additional
	t dent die de dente die die Japan sprach		1	5. Certificate	of Status Desired	Fee Rec	
	6. Name and Address of Current Re	gistered Agent	· .				
SANDERS	S LOYCE ANN		['.	D	NOT W	DITE	
SANDERS, LOYCE ANN 2111 TERRY LN				טט	NOT W	KIIE	
AUBURNE	DALE, FL 33823	•		IN	THIS SP	ACE	
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	named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flor	ida. I am familiar v	with, and accept
the congat	ions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registere	ed Agent signati. e required	when reinstating)		DATE	
FIL	E NOW!!! FEE IS \$150.00	 Election Campaign Final Trust Fund Contribution. 	ncing \$5	.00 May Be led to Fees			
After M	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	A00	ied io Lees			
10.	OFFICERS AND D	RECTORS	1				
TITLE	D SANDERS, LOYCE ANN			•			
NAME Street Address	2111 TERRY LN						
CITY-\$1-ZIP	AUBURNDALE, FL 33823				0000000 -01/16/08	7,833,92	150.00
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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:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/8/08

Daytime Phone #