

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90017 030 ***150.00

DOCUMENT # P05000039817

1. Entity Name

OGONZALEZ TRUCKING INC



Principal Place of Business

7027 CONTINENTAL DR
TAMPA FL 33614

Mailing Address

7027 CONTINENTAL DR
TAMPA FL 33614

2. Principal Place of Business

4108 DELLBROOK DR

Suite, Apt. #, etc.

3. Mailing Address

4108 DELLBROOK DR

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33624

Country

USA

Zip

33624

Country

USA

4. FEI Number

20-2502525

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, OMAR
7027 CONTINENTAL DR
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

GONZALEZ, OMAR

Street Address (P.O. Box Number is Not Acceptable)

4108 DELLBROOK DR

City

TAMPA

FL

Zip Code

33624

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 constituting)

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

TITLE P
NAME GONZALEZ, OMAR ☐ Delete
STREET ADDRESS 7027 CONTINENTAL DR
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P S
NAME GONZALEZ, OMAR ☒ Change ☐ Addition
STREET ADDRESS 4108 DELLBROOK DR
CITY-ST-ZIP TAMPA FL 33624

TITLE V
NAME GONZALEZ SANDRA ☐ Change ☒ Addition
STREET ADDRESS 4108 DELLBROOK DR.
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Omar Gonzalez 3/4/06 (813)426-6973