

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90110 025 ***150.00

DOCUMENT # P05000042128

1. Entity Name

KEVIN BONILLA TRUCKING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3419 Morningside Drive

Suite, Apt. #, etc.

3. Mailing Address

3419 Morningside Drive

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

20-2536299

Applied For

Not Applicable

Zip

34744

Country

Osceola

Zip

34744

Country

Osceola

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kevin Bonilla

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

3419 Morningside Drive

City

Kissimmee

FL

Zip Code

34744

**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 filing)

DATE

3/22/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Kevin Bonilla
3419 Morningside Drive
Kissimmee, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN BONILLA

3/22/06

Date

407-9083554

Daytime Phone #