

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90005 030 ***150.00

DOCUMENT # P05000046289 1. Entity Name EXCLUSIVE TRUCKING OF CENTRAL FLORIDA INC																																																			
Principal Place of Business 6566 BENHAM COURT ORLANDO, FL 32818 US		Mailing Address 6566 BENHAM COURT ORLANDO, FL 32818 US																																																	
2. Principal Place of Business 7931 24th Ave. SOUTH Suite, Apt. #, etc.		3. Mailing Address 7931 24th Ave. SOUTH Suite, Apt. #, etc.																																																	
City & State TAMPA FL Zip 33619		City & State TAMPA FL Zip 33619																																																	
Country HILLSBOROUGH		Country HILLSBOROUGH																																																	
4. FEI Number 36-4571710		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent HORRIL, HUKUMCHAND 6566 BENHAM COURT ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name HUKUMCHAND HORRIL Street Address (P.O. Box Number is Not Acceptable) 7931 24th AVENUE SOUTH City TAMPA FL Zip Code 33619																																																	
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 <u><i>Hukumchand Horrill</i></u> HUKUMCHAND HORRIL <u>3/18/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;">P/T HORRIL, HUKUMCHAND 6566 BENHAM COURT ORLANDO, FL 32818</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T HORRIL, HUKUMCHAND 6566 BENHAM COURT ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;">P/T PITTS HUKUMCHAND HORRIL 7931 24th AVENUE SOUTH TAMPA, FL 33619</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T PITTS HUKUMCHAND HORRIL 7931 24th AVENUE SOUTH TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																					
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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: <u><i>Hukumchand Horrill</i></u> HUKUMCHAND HORRIL <u>3/18/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																			