2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90146 015 ***150.00

DOCUMENT # **P05000072358**

1. Entity Name
DAMIANMART TRUCKING COMPANY

Principal Place of Business	Mailing Address
524 W CRADLE ST LAKELAND FL 33803	1055 KING AVENUE LAKELAND FL 33803

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
524 W CAROLE ST	524 W CAROLE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Lakeland, FL
Zip: 33803 Country: Polk	Zip: 33803 Country: Polk

4. FEI Number 20-2979214 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, DAMIAN
1055 KING AVENUE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name: MARTINEZ DAMIAN
Street Address (P.O. Box Number is Not Acceptable): 524 W CAROLE ST
City: Lakeland **FL** Zip Code: 33803

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]
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, 2008 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	DP MARTINEZ, DAMIAN 1055 KING AVENUE LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARTINEZ, DAMIAN 524 W CAROLE ST Lakeland, FL, 33803	☒ Change ☐ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] DAMIAN MARTINEZ 4-14-08 (863)661-9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #