

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000072381

1. Entity Name
LIL FELLA TRUCKING, INC.



Principal Place of Business
**1180 8TH AVENUE WEST
SUITE #511
PALMETTO, FL 34221**

Mailing Address
**1180 8TH AVENUE WEST
SUITE #511
PALMETTO, FL 34221**



07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0743697

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARRICK, TIARA D
1180 8TH AVENUE WEST
SUITE #511
PALMETTO, FL 34221**

**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 reinstating)

DATE

11 JULY 2007

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
YOU Mans, PERRY JR.
1180 8TH AVENUE WEST #511
PALMETTO, FL 34221**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
WARRICK, TIARA
1180 8TH AVENUE WEST #511
PALMETTO, FL 34221**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11 JUL 07

(941) 345-7557

**DO NOT WRITE
IN THIS SPACE**

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08/16/07-80001-006 150.00