

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000077358

1. Entity Name  
LANZA NAPLES TRUCKING CORP.



Principal Place of Business  
3380 20TH AVENUE NE  
NAPLES, FL 34120

Mailing Address  
3380 20TH AVENUE NE  
NAPLES, FL 34120



07182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2911451	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required-

**6. Name and Address of Current Registered Agent**

LANZA, XIOMARA J  
3380 20TH AVENUE NE  
NAPLES, FL 34120

**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)

U000000772344  
08/17/07-80010-006 158.75  
DATE

**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	P LANZA, JORGE F 3380 20TH AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANZA, XIOMARA J 3380 20TH AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LANZA, JORGE F 3380 20TH AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR LANZA, XIOMARA J 3380 20TH AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

8/15/07

Date

(239) 348 1298

Daytime Phone #