

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90036 022 ***150.00

DOCUMENT # P05000082888	
1. Entity Name 2 PEOPLE TRUCKING INC.	

Principal Place of Business 3240 ABIKA DRIVE KISSIMMEE, FL 34743	Mailing Address 3240 ABIKA DRIVE KISSIMMEE, FL 34743
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 593675570	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KERBY, CRYSTAL M 3240 ABIKA DRIVE KISSIMMEE, FL 34743	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KERBY, WILLIE III 3240 ABIKA DRIVE KISSIMMEE, FL 34743 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KERBY, CRYSTAL M 3240 ABIKA DRIVE KISSIMMEE, FL 34743 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KERBY, CRYSTAL M 3240 ABIKA DRIVE KISSIMMEE, FL 34743 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KERBY, WILLIE 3240 ABIKA DR. KISSIMMEE, FL 34743 ☒ Change ☐ Addition
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
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

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:  **2/14/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #