

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90104 027 ***150.00

DOCUMENT # P05000088431

1. Entity Name
HECTOR CRUZ TRUCKING INC



Principal Place of Business
7147 HICKORY BRANCH CIR
ORLANDO, FL 32818 US

Mailing Address
7147 HICKORY BRANCH CIR
ORLANDO, FL 32818 US

40101374



2. Principal Place of Business - No P.O. Box #

2161 CHICKADEE DR.

3. Mailing Address

2161 CHICKADEE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007

Chg-P

CR2E034 (12/06)

City & State

APOPKA FL.

City & State

APOPKA FL

Zip

32703

Country

Zip

32703

Country

4. FEI Number

59-3672764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, HECTOR
7147 HICKORY BRANCH CIR
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name

HECTOR CRUZ

Street Address (P.O. Box Number is Not Acceptable)

2161 CHICKADEE DR

City

APOPKA

FL

Zip Code

32703

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUZ, HECTOR	
STREET ADDRESS	7147 HICKORY BRANCH CIR	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRUZ, FELICITA	
STREET ADDRESS	7147 HICKORY BRANCH CIR	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECTOR CRUZ	
STREET ADDRESS	2161 CHICKADEE DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECTOR CRUZ	
STREET ADDRESS	2161 CHICKADEE DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #