

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90020 028 ***150.00

DOCUMENT # P05000090611

1. Entity Name

A & D TRUCKING OF OKEECHOBEE, INC.



Principal Place of Business

**18165 N.W. 184 DRIVE
OKEECHOBEE, FL 34972**

Mailing Address

**18165 N.W. 184 DRIVE
OKEECHOBEE, FL 34972**

**Doyle & Alice McDuffie
18165 NW 184th Drive
Okeechobee, FL 34972**

40123113



07022007 No Chg-P CR2E034 (11/05)

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4. FEI Number

51-0547421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

18165 MCDUFFIE, DOYLE
**18165 N.W. 184 DRIVE
OKEECHOBEE, FL 34972**

**Doyle & Alice McDuffie
18165 NW 184th Drive
Okeechobee, FL 34972**

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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

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
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
**DP
MCDUFFIE, DOYLE
18165 N.W. 184 DRIVE
OKEECHOBEE, FL 34972**

**Doyle & Alice McDuffie
18165 NW 184th Drive
Okeechobee, FL 34972**

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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:

DOYLE McDuffie
Doyle McDuffie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-03-07 (863) 763-2285

Date

Daytime Phone #