

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90019 026 \*\*\*150.00

DOCUMENT # P05000090611

1. Entity Name

A & D TRUCKING OF OKEECHOBEE, INC.



Principal Place of Business

16265 N.W. 184 DRIVE  
OKEECHOBEE FL 34972

Mailing Address

16265 N.W. 184 DRIVE  
OKEECHOBEE FL 34972



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

18165 NW 184<sup>th</sup> DR

Suite, Apt. #, etc.

3. Mailing Address

18165 NW 184<sup>th</sup> DR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Okeechobee, FL

Zip

34972

Country

Okeechobee

City & State

Okeechobee, FL

Zip

34972

Country

Okeechobee

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

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME MCDUFFIE, DOYLE  
STREET ADDRESS 18165 N.W. 184 DRIVE  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Alice McDuffie ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 18165 NW 184<sup>th</sup> DR  
CITY-ST-ZIP Okeechobee, FL. 34972

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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

4-1-08

(863) 763-2285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #