## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT

## Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90272 035 \*\*\*150.00 DOCUMENT # P05000093287 C/T OVERSTREET TRUCKING COMPANY Principal Place of Business Mailing Address 4245 APOLLO AVENUE P.O.BOX 28747 50005816 JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3082627 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired- $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OVERSTREET, GWENDOLYN Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA STREET **SUITE 3300** JACKSONVILLE, FL 32202 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME OVERSTREET, GWENDOLYN NAME 4245 APOLLO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition OVERSTREET, WALTER SR NAME NAME STREET ADDRESS 4245 APOLLO AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OVERSTREET, CLIFFORD NAME 4245 APOLLO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE OVERSTREET, TRAVIS NAME NAME 4245 APOLLO AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32226 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 an address, with an address.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURES

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-71P

TITLE

NAME

TITLE

NAME

**FILED** 

☐ Change

☐ Change

☐ Addition

☐ Addition

## C/T Overstreet Trucking Company

Tel: 904-757-0506

Post Office Box 28747 Jacksonville, FL 32226

Fax: 904-757-1158

Email: gloverst@comcast.net

March 24, 2006

Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

RE: 2006 Annual Report for C/T Overstreet Trucking Company

Document No. P05000093287

To Whom It May Concern:

Enclosed please find the 2006 Annual Report for C/T Overstreet Trucking Company. Also enclosed is this company's check in the amount of \$150.00 to cover your fee for this filing.

Please do not hesitate to contact me if you should require anything further.

Sincerely

Gwendolyn Overstreet

President of C/T Overstreet Trucking Company

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