


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90055 009 ***150.00

DOCUMENT # P05000098369	
1. Entity Name VASS TRUCKING INC.	

Principal Place of Business 153-06 PETRUS LANE CLERMONT, FL 32714	Mailing Address 153-06 PETRUS LANE CLERMONT, FL 32714
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2. Principal Place of Business - No P.O. Box # 15306 PETRUS LANE	3. Mailing Address 15306 PETRUS LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLERMONT FL	City & State CLERMONT FL
Zip 34714	Country
Country	Zip 34714
Country	Country

40098568



03202007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3193273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAMARU, SUDESH 153-06 PETRUS LANE CLERMONT, FL 32714	7. Name and Address of New Registered Agent Name SUDESH SAMARU Street Address (P.O. Box Number is Not Acceptable) 15306 PETRUS LANE City CLERMONT FL Zip Code 34714
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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 S. Samaru SUDESH SAMARU 3/31/07
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. <input type="checkbox"/> \$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	D SAMARU, SUDESH 153-06 PETRUS LANE CLERMONT, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SUDESH SAMARU 15306 PETRUS LANE CLERMONT FL 34714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. INDIRA SAMARU 15306 PETRUS LANE CLERMONT, FL 34714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: S. Samaru SUDESH SAMARU 3/31/07 813-830-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #