


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90017 010 ***150.00

DOCUMENT # P05000109580 1. Entity Name VL TRUCKING INC																																			
Principal Place of Business 5550 SILVER STAR ROAD, APT 407 ORLANDO, FL 32808 US		Mailing Address 5550 SILVER STAR ROAD, APT 407 ORLANDO, FL 32808 US																																	
2. Principal Place of Business 7249 HIAWASSEE OAK		3. Mailing Address 7249 HIAWASSEE OAK Dr																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State Orlando FL		City & State ORLANDO, FL																																	
Zip 32818	Country ORANGE	Zip 32818	Country ORANGE																																
4. FEI Number 20-3271281		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent LOAKNAUTH, DINESH 5550 SILVER STAR RD, APT407 ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name DINESH LOAKNAUTH Street Address (P.O. Box Number is Not Acceptable) 7249 HIAWASSEE OAK Dr City ORLANDO FL Zip Code 32818																																	
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 <u>DINESH LOAKNAUTH</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> P <input checked="" type="checkbox"/> Delete LOAKNAUTH, DINESH 5550 SILVER STAR RD ORLANDO, FL 32808 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete LOAKNAUTH, DINESH 5550 SILVER STAR RD ORLANDO, FL 32808															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT DINESH LOAKNAUTH 7249 HIAWASSEE OAK DRIVE ORLANDO, FL 32818 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT DINESH LOAKNAUTH 7249 HIAWASSEE OAK DRIVE ORLANDO, FL 32818														
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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: <u>DINESH LOAKNAUTH</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u> </u> Daytime Phone # <u> </u>																																	