

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90454 008 ***150.00

DOCUMENT # P05000113887 1. Entity Name E&R TRUCKING INC.					
Principal Place of Business 3611 MONAD ST N PORT, FL 34287			Mailing Address 3611 MONAD ST N PORT, FL 34287		
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address 3611 MONAD ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State NORTH PORT, FL		4. FEI Number 203331727	
Zip 		Country 		Applied For <input type="checkbox"/> Not Applicable	
Zip 34286		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYKA, KRZYSZTOF 3611 MONAD ST N PORT, FL 34287				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: (NOTE: Registered Agent signature required when reinstating)					
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRODALA, JERZY <input checked="" type="checkbox"/> Delete 501 OVALANDO PL #1 WARM MINERAL SPRINGS, FL 34287			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PYKA, KRZYSZTOF <input type="checkbox"/> Delete 3611 MONAD ST N PORT, FL 34286			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
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:				1-26-06 94/2405530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

50015369



01242006 Chg-P CR2E034 (11/05)

ATTACHMENT
P05000113887
50015369

KRZYSZTOF PYKA
3611 MONAD ST
NORTH PORT FL 34286
(941) 240-5530

FL. DEPT OF STATE 03-08-06
DIV. OF CORP.
DOC. # P05000113887

DEAR SIRS

ENCLOSED PLEASE FIND COMPLETED
ANNUAL REPORT FORM.

WITH APPOLOGIES FOR NOT
DOING IT SO AT FIRST.
SHOULD YOU HAVE ANY QUESTIONS
PLEASE DO NOT HESITATE TO CALL.
THANKS

Elroi Pyka (WIFE)
FOR KRZYSZTOF PYKA