

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 016 ***158.75

DOCUMENT # P05000125233

1. Entity Name

CHRISTOPHER TRUCKING SERVICES, INC.



Principal Place of Business

2316 S.W. 35TH AVE.
ST. LAUDERDALE FL 33312

Mailing Address

2316 S.W. 35TH AVE.
ST. LAUDERDALE FL 33312



2. Principal Place of Business

2316 SW 35 Ave.
Suite, Apt. #, etc. N/A

3. Mailing Address

2316 S.W. 35 Ave.
Suite, Apt. #, etc. N/A

1st MOORE

CR2E034 (10/05)

City & State

St. Lauderdale, FL
Zip 33312 Country USA

City & State

St. Lauderdale
Zip 33312 Country USA

4. FEI Number

20-3480550

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, SUSAN M
2316 S.W. 35TH AVE.
ST. LAUDERDALE FL 33312

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, 2006 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 PD ☐ Delete
NAME CHRISTOPHER, SUSAN M
STREET ADDRESS 2316 S.W. 35TH AVE.
CITY-ST-ZIP ST. LAUDERDALE FL 33312

TITLE STD ☐ Delete
NAME CHRISTOPHER, CRAIG
STREET ADDRESS 2316 S.W. 35TH AVE.
CITY-ST-ZIP ST. LAUDERDALE FL 33312

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

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

TITLE ☐ Change ☐ Addition
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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:

Susan M. Christopher, President

4/25/06

(954) 583-0459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #