## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000126445

Name:

Address:

City-St-Zip:

EDMOND, PHILOCLES

352 NE CULLMAN CT

PORT SAINT LUCIE, FL 34983 US

Entity Name: EDMOND TRUCKING CO. INC

FILED Aug 29, 2007 Secretary of State

Littly Nai	ile. EDIVIOND	INOCK	ING CO. INC.			
Current Principal Place of Business:			ness:	New Principal Place of Business:		
	JLLMAN CT NT LUCIE, FL 3	34983	US			
Current Mailing Address:				New Mailing Address:		
	JLLMAN CT NT LUCIE, FL 3	84983	US			
FEI Number	:	FEI Nun	nber Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
The above in the State	SSEE, FL 32301  named entity sue of Florida.  RE: ALEX EDM	ıbmits th	nis statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
	Electronic	Signat	ure of Registered Age	ent	Date	
			i., the corporation did no nd Contribution ( ).	ot receive the prior notice.		
OFFICER	S AND DIRECT	ORS:		ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E EDMOND, JEANN 352 NE CULLMAI PORT SAINT LUC	N CT	4983 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E EDMOND, ALEX 352 NE CULLMAI PORT SAINT LUC		4983 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()[	Delete		Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEX EDMOND PRES 08/29/2007