## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P05000133000 04-19-2006 90082 019 \*\*\*150.00 POWER LINE TRUCKING, "INCORPORATED" Principal Place of Business Mailing Address 10335 FROG POND DRIVE 10335 FROG POND DRIVE RIVERVIEW, FL 33569 US RIVERVIEW, FL 33569 US 3. Mailing Address 2. Principal Place of Business 10622 Bamboo Rod Circle 10622 Bamboo Rod Cr. Suite, Apt. #, etc. 04152006 Chg-P CR2E034 (11/05) City & State City & State Applied For Florida 752537 Riverview Riverview Not Applicable Country U · S·A · \$8.75 Additional 5. Certificate of Status Desired 33569 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Khemraj Maraj Street Address (P.O. Box Number is Not Acceptable) MARAJ, KHEMRAJ 10335 FROG POND DRIVE RIVERVIEW, FL 33569 10622 Bamboo Rod Circle City Riverview 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. Mari 4-15-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President TITLE Delete TITLE ☐ Change Khemraj Maraj 10622 Bamboo Rod Circle NAME MARAJ, KHEMRAJ NAME STREET ADDRESS 10335 FROG POND DRIVE STREET ADDRESS RIVERVIEW, FL 33569 <u>Riverview</u> Florida 335b9 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIT1 F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 4-15-06

**FILED**