


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000134393</b> 1. Entity Name CHARLOTTE TRUCKING INC.	
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Principal Place of Business 185 NE PIKES WAY LAKE CITY, FL 32055	Mailing Address 185 NE PIKES WAY LAKE CITY, FL 32055
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**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0252166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, SHEILA  
185 NE PIKES WAY  
LAKE CITY, FL 32055

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, SHEILA 185 NE PIKES WAY LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, RANDALL 185 NE PIKES WAY LAKE CITY, FL 32055
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U00000658030  
03/15/07-80021-023 150.00

**DO NOT WRITE  
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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:** Sheila Russell Sheila Russell 3-4-07 386-7550685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #