

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139373

Entity Name: LRC TRUCKING, INC.

FILED  
Apr 08, 2006  
Secretary of State

## Current Principal Place of Business:

PO BOX 419  
OCOEE, FL 34761

## New Principal Place of Business:

PO BOX 683603  
ORLANDO, FL 32868

## Current Mailing Address:

PO BOX 419  
OCOEE, FL 34761

## New Mailing Address:

PO BOX 683603  
ORLANDO, FL 32868

FEI Number: 20-3619529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CENAT, RICSON  
7007 GRAY SHADOW STREET  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CENAT, RICSON  
Address: 7007 GRAY SHADOW ST  
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete  
Name: LAGUERRE, LUCIE  
Address: 7007 GRAY SHADOW ST  
City-St-Zip: ORLANDO, FL 32818

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RICSON CENAT

PD

04/08/2006

Electronic Signature of Signing Officer or Director

Date