

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90047 049 ***150.00

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1. Entity Name

TRUCKING ON TIME, INC.



Principal Place of Business

6712 GASPAR CIRCLE EAST
JACKSONVILLE FL 32209

Mailing Address

6712 GASPAR CIRCLE EAST
JACKSONVILLE FL 32209



2. Principal Place of Business

JAX, FLA.
Suite, Apt. #, etc.

3. Mailing Address

6712 GASPAR Cir. E.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

JACKSONVILLE, FL.

Zip
32219

Country
USA

City & State

JACKSONVILLE, FL.

Zip
32219

Country
USA

4. FEI Number

05-0628595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWZE, BERTHA LEE
4519 BRENTWOOD AVENUE
JACKSONVILLE FL 32206

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 re-registering)

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 P ☐ Delete
NAME BELL, DARRYL A
STREET ADDRESS 6712 GASPAR CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE FL 32209 32219

TITLE VP ☐ Delete
NAME STROY, VERONICA
STREET ADDRESS 6712 GASPAR CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE FL 32205 32219

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

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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

Darryl Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06 (904) 553-6770

Date

Daytime Phone #