


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90176 015 ***150.00

DOCUMENT # P05000148824	
1. Entity Name GREGORY PITTMAN TRUCKING, INC.	

Principal Place of Business 4551 SE 144TH TERRACE STARKE, FL 32091	Mailing Address 4551 SE 144TH TERRACE STARKE, FL 32091
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3977556		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DRUMMOND, DONALD L EA 263 N TEMPLE AVENUE STARKE, FL 32091		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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITTMAN, GREGORY L 4551 SE 144TH TERRACE STARKE, FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gregory L Pittman **Gregory L. Pittman** 4-28-06 904759-1219

ATTACHMENT

#PD5000148824

Drummond • Financial • Services

Enrolled To Practice Before The I.R.S.

263 N. Temple Ave. Starke, FL 32091

Phone (904) 964-8335

Fax (904) 964-8532



Donald L. Drummond, E.A.

40078612 Member N.A.E.A.

INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

TO: Gregory Pittman PERIOD ENDING: 2006 UBR

TAX RETURN
DUE DATE
TAX DUE

: UBR
: 4/31/06
: \$ 150.00

PAYMENT: ☒ IN FULL OR ☐ AS FOLLOWS

REFUND DUE: \$ _____ WILL BE CREDITED TO THE _____ QUARTER.

OR \$ _____ WILL BE REFUNDED TO YOU.

SIGNATURE:

THE RETURN MUST BE SIGNED AT Bottom
OF FORM UBR BY Greg (BY RED ✓).

MAIL INSTRUCTIONS: RETURN, AND REMITTANCE IF ANY, SHOULD BE:

Mail to: Division of Corporations
PO Box 1500
Tallahassee, FL
32302-1500

SPECIAL INSTRUCTIONS:

Make check payable to: Florida Dept. of State for
\$150.00. Put "20-3977556, UBR 2006," in memo part of check.