

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2006 8:00 am
Secretary of State

05-09-2006 90090 019 ***150.00



1st MOORE CR2E034 (10/05)

DOCUMENT # P05000152783 1. Entity Name KAID TRUCKING, INC.					
Principal Place of Business 1406 CARDINAL STREET AUBURNDALE FL 33823				Mailing Address 1406 CARDINAL STREET AUBURNDALE FL 33823	
2. Principal Place of Business 1406 Cardinal St Suite, Apt. #, etc.		3. Mailing Address PO Box 1125 Suite, Apt. #, etc.		4. FEI Number 20-3934380 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State Auburndale		City & State Eaton Park			
Zip 33823		Zip 33840			
Country USA		Country USA			
6. Name and Address of Current Registered Agent BRINSON, J KEMP ESQ 255 MAGNOLIA AVENUE, SW WINTER HAVEN FL 33880				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 _____ (NOTE: Registered Agent signature required when reconstituting) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURILLO, CARLOS PO BOX 1125 EATON PARK FL 33840	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLES, CYNTHIA PO BOX 1125 EATON PARK FL 33840	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Cynthia Coles</u> 04/26/06 (863) 666 2846 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					