

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90013 046 \*\*\*150.00

**DOCUMENT # P05000157347**

1. Entity Name  
THOMAS A. DIEDEMAN TRUCKING COMPANY INC.



Principal Place of Business  
314 SW PIERSONWAY  
FORT WHITE, FL 32038

Mailing Address  
314 SW PIERSONWAY  
FORT WHITE, FL 32038

40096434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number 71-0992894 Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351

Name Bridgett Y. Diedeman  
Street Address (P.O. Box Number is Not Acceptable)

314 SW PIERSONWAY

City Fort White FL Zip Code 32038

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

Bridgett Y. Diedeman V.P.

(NOTE: Registered Agent signature required when reinstating)

6/13/06

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DIEDEMAN, THOMAS A  
STREET ADDRESS 314 SW PIERSONWAY  
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME DIEDEMAN, BRIDGETT Y  
STREET ADDRESS 314 SW PIERSONWAY  
CITY-ST-ZIP FORT WHITE, FL 32038

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Bridgett Y. Diedeman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/06  
Date

Daytime Phone #