2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000167034

Entity Name
 L.M. TRUCKING CO



FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90212 006 ***150.00

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Principal Place of Business 16244 SAGEBRUSH RD TAMPA, FL 33618		Mailing Address 16244 SAGEBRUSH RD TAMPA, FL 33618			₹ <i>008</i> 2017				
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address			1 1 1 1 1 1 1 1 1 1 1	E 0131 02111 E 0121 0 0 1111 0 0		8))	JEB) (1881
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01252008	Chg-P	CR2EC	034 (12/06)	
City & State		City & State			4. FEI Numbe 20-4012			—	plied For t Applicable
Zip	Country Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	-6. Name and Address of Current	Name	-7. Name and	Add:ess of New F	Registered /	Agent			
MANINO, LUIS J					/D O D N	- '- \$1-x A x - L1			
16244 SA(TAMPA, F	GEBRUSH RD L 33618			Street Address (P.O. Box Number is Not Acceptable)					
	- · · ·			City				Zip Code	
7				City	-	in the Class of El	FL	•	
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 a	d Agent signature require	ed when reinstation)		DATE				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Con	-		5.00 May Be ded to Fees				
10.	OFFICERS AND	 DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
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NAME STREET ADDRESS	MANINO, LUIS J 16244 SAGEBRUSH RD			E et adoress					į
CITY-\$1 - ZIP	T-ZIP TAMPA, FL 33618			-ST-ZIP				-	
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CITY-ST-ZIP			CHY-	ST-ZIP					
12. I hereby certify that the information subtlied 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 of trustee approxered 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 AND TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AND TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									