2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-20-2007 90017 045 ***150.00
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FILED
07 APR 17 AM 11: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/06)

DOCUMENT # P06000036066

1. Entity Name
G V TRUCKING CO OF FLORIDA INC

Principal Place of Business	Mailing Address
2290 ABBEY LANE PALM HARBOR FL 34683 U	2290 ABBEY LANE PALM HARBOR FL 34683 U

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 42-1700369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOBOSCO, DAN
2290 ABBEY LANE
PALM HARBOR FL 34683

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P/TR LOBOSCO, DAN 2290 ABBEY LANE PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NICOLE LOBOSCO 2290 ABBEY LN PALM HARBOR FL 34683	☐ 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: [signature] 3/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #