

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90049 018 \*\*\*150.00

DOCUMENT # P06000060710



1. Entity Name  
FESSEL'S TRUCKING, INC.

Principal Place of Business  
917 YALE LANE  
INVERNESS, FL 34452

Mailing Address  
917 YALE LANE  
INVERNESS, FL 34452

2. Principal Place of Business - No P.O. Box #  
5774 N FLAGSTAFF AVE  
Suite, Apt. #, etc.

3. Mailing Address  
SAME AS BLOCK #2  
Suite, Apt. #, etc.



01062007 Chg-P CR2E034 (12/06)

City & State  
PINE RIDGE FL  
Zip 34465 Country USA

City & State  
City  
Country

4. FEI Number  
20-3970951  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FESSEL, STEVEN  
917 YALE LANE  
INVERNESS, FL 34452

7. Name and Address of New Registered Agent

Name FESSEL, STEVEN  
Street Address (P.O. Box Number is Not Acceptable)  
5774 N FLAGSTAFF AVE  
City PINE RIDGE FL Zip Code 34465

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

*Handwritten Signature* PRESIDENT/DIRECTOR 1/5/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESSEL, STEVEN 917 YALE LANE INVERNESS, FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FESSEL, STEVEN 5774 N. FLAGSTAFF AVE PINE RIDGE, FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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:

*Handwritten Signature*