


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90006 024 \*\*\*150.00

DOCUMENT # P06000065908 1. Entity Name GED TRUCK LINES, INC	
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Principal Place of Business 4533 JADE DRIVE EAST JACKSONVILLE, FL 32210	Mailing Address 4533 JADE DRIVE EAST JACKSONVILLE, FL 32210
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**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4873814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:  
 DIMITROV, DEAN  
 4533 JADE DRIVE EAST  
 JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	P DIMITROV, DEAN 4533 JADE DRIVE EAST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAZAROVA, ELENA G 4533 JADE DRIVE EAST JACKSONVILLE, FL 32210
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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: Elena Nazarova, VP 3/13/08 (904) 514 4140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #