2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000066712



FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90396 001 ***150.00

Change 🔲 Addition

1. Entity Name ITS TRUCKING, INC.					04-19-2007 90396 002 *****8.75			
Principal Place of Business 8520 FENHOLLOWAY CT. TRINITY, FL 34655		Mailing Address 8520 FENHOLLOWAY CT. TRINITY, FL 34655			0001010			
2. Principal Place of Business - No P O Box #		3. Mailing Address						
Suite. Apt. #, etc		Suite, Apt. #, etc.		03292007	Chg-P	CR2E034 (12	/06)	
City & State		City & State		4. FEI Num	2049400	76	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	\$8.75 Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
 IZDEBSKA-SADALSKI, IRENA			Name	Name				
8520 FENI TRINITY, F	HOLLOWAY CT.		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City		 .	FL Zir	Code	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office or	registered agent, or b	oth, in the State of Fi			
the obligat	ions of registered agent							
SIGNATURESignature, typed or owned name of registered agent and title if avoidcable. (INOTE Registered Agent signature returned when remeating). OATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution			n Financing	\$5.00 May Be Added to Fees		·		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIREC	TORS IN 11	
TITLE NAME	P CADALEKI TOMACZ	☐ Delele	TITLE			☐ Ch	ange 🔲 Addition	
STREET ADDRESS	SADALSKI, TOMASZ 8520 FENHOLLOWAY CT.		NAME STREET ADDRESS					
CITY ST-ZIP	TRINITY, FL 34655		CHY ST ZIP					
TITLE	S	☐ Defete	TITLE			Ch	ange 🔲 Addition	
NAME STREET ADDRESS	IZDEBSKA-SADALSKI, IRENA		NAME:					
CITY ST ZIP	8520 FENHOLLOWAY CT. TRINITY, FL 34655		STREET ADDRESS CHY ST ZIP					
TITLE		☐ Delete	THLE			Ch	ange 🔲 Addition	
NAME STREET ADDRESS			NAME					
CITY ST ZIP			STREET ADDRESS Chry St-Zip					
TITLE		☐ Delete	IULE		 -	☐ Ch	ange Addition	
NAME	,		NAME					
STREET ADDRESS CITY ST-ZIP			STREET ADDRESS CITY ST ZIP					
TITLE		Dalete	IIILE.				ange 🔲 Addition	
NAME		ma politica	NAME					
STREET ADDRESS CITY ST ZIP			STREET ADDRESS					
011: 01 ZIF			CITA 21 SIB			_		

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 charged, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS

CITY ST ZIP

☐ Delete

TOMASZ SADALSKI

22.

TITLE

MAME

STREET ADDRESS

CHY SI ZIP

2007 FOR PROFIT CORPORATION

_	ANNUAL	REPORT						
DOCUMENT # P06000066712 1. Enlity Name ITS TRUCKING. INC.				ATTACHMENT Ce60(0103				
Principal Place of Business		Mailing Address						
8520 FENHOLLOWAY CT. TRINITY, FL 34655		8520 FENHOLLOWAY CT. TRINITY, FL 34655						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	<u></u>					
Suite, Apt. #, etc		Suite, Apt. #, etc.		03292007 Chg-P CR2E034 (12/06)				
City & State		City & State		4. FEI Number 204940076 Applied For Not Applied by Not Applicable				
Zip	Country	Zip	Country	S. Certificate of Status Desired Secretary Secr				
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
-		<u> </u>	Name					
IZDEBSKA-SADALSKI, IRENA 8520 FENHOLLOWAY CT. TRINITY, FL 34655			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
,								
			City	FL Zip Code				
After M:	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.		ulion. L Ad	5.00 May Be kided to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY STIZIP	SADALSKI, TOMASZ 8520 FENHOLLOWAY CT. TRINITY, FL 34655	☐ Defete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	S IZDEBSKA-SADALSKI, IRENA 8520 FENHOLLOWAY CT. TRINITY, FL 34655	☐ Deletc	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP		Delete	THLE NAME STREET ADDRESS CHY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE MAME STREET ADDRESS CHY ST ZIP	☐ Cliange ☐ Addition				
HILE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	ITILE NAME STREET ADDRESS CITY ST ZIP	Change Addition				
NAME SIREET ADDRESS CITY - ST-ZIP		☐ Delete	HILE NAME STREET ADDRESS CIFY ST ZIP	☐ Change ☐ Addition				
indicated of the co	on this report or supplemental report	is true and accurate and that my powered to execute this report as	signature shall have th	ned in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if				

SIGNATURE: X Tomas 2 Sadalsky Tomas 2 SADALSKI SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR