


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2007 90396 001 ***150.00
04-19-2007 90396 002 *****8.75

DOCUMENT # P06000066712	
1. Entity Name ITS TRUCKING, INC.	

Principal Place of Business 8520 FENHOLLOWAY CT. TRINITY, FL 34655	Mailing Address 8520 FENHOLLOWAY CT. TRINITY, FL 34655
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03292007 Chg-P CR2E034 (12/06)

4. FEI Number 204940076	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IZDEBSKA-SADALSKI, IRENA 8520 FENHOLLOWAY CT. TRINITY, FL 34655	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 renewing) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SADALSKI, TOMASZ 8520 FENHOLLOWAY CT. TRINITY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S IZDEBSKA-SADALSKI, IRENA 8520 FENHOLLOWAY CT. TRINITY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Tomasz Sadalski** TOMASZ SADALSKI 4-12-07 727/372-5034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

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DOCUMENT # P06000066712 1. Entity Name ITS TRUCKING, INC.						<h2 style="margin: 0;">ATTACHMENT</h2> <p style="font-size: 1.5em; margin: 0;">66010103</p>	
Principal Place of Business 8520 FENHOLLOWAY CT. TRINITY, FL 34655				Mailing Address 8520 FENHOLLOWAY CT. TRINITY, FL 34655			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 204940076				Applied For <input type="checkbox"/> Not Applicable		03292007 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
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SIGNATURE: <i>Tomasz Sadalski</i> TOMASZ SADALSKI							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4-12-07		Business Phone # 727/372-5034	