## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

## Secretary of State DOCUMENT # P06000076437 02-05-2007 90087 016 \*\*\*150.00 MAL TRUCKING, INC. 40000 Principal Place of Business Mailing Address 21732 LAKE SENECA ROAD 21732 LAKE SENECA ROAD EUSTIS, FL 32736 US EUSTIS, FL 32736 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) 4. FEI Number 20-5068933 City & State City & State Applied For Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition D TITLE TITI F Delete LAVIGNE, MICHAEL A NAME NAME STREET ADDRESS 21732 LAKE SENECA ROAD STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE LAVIGNE, JACQUELINE J NAME NAME 21732 LAKE SENECA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

FILED Feb 05, 2007 8:00 am

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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

☐ Delete

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SIGNATURE:	Michael	Lougine	Michael	Lavigne	1-28-67	(35a)357-7075
-,	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #