2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State
01-25-2007 90035 018 ***150.00

DOCUMENT # P06000078285

1. Entity Name
CML TRUCKING, INC.

6600331?

01182007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2289 GERBER DAIRY ROAD WINTER HAVEN, FL 33880	POST OFFICE BOX 371 WINTER HAVEN, FL 33882
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0590768 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, MICHAEL E 2289 GERBER DAIRY ROAD WINTER HAVEN, FL 33880	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, MICHAEL E 2289 GERBER DAIRY ROAD WINTER HAVEN, FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLINS, CLYDE E 898 SAINT ROSE ROAD GRAND RIDGE, FL 32442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 X Michael E. Collins 1-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 166003312
P06000078285

Form **SS-4** (Rev. February 2006)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN 03-0590768

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
CML ENTERPRISES, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name
Michael E. Collins

4a Mailing address (room, apt., suite no. and street, or P.O. box)
P. O. Box 371

5a Street address (if different) (Do not enter a P.O. box.)
2295 Gerber Dairy Road

4b City, state, and ZIP code
Winter Haven, FL 33882

5b City, state, and ZIP code
Winter Haven, FL 33880

6 County and state where principal business is located
POLK

7a Name of principal officer, general partner, grantor, owner, or trustor
Michael E. Collins

7b SSN, ITIN, or EIN
592-30-3025

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶ 1120
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Trust (SSN of grantor) ____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (check only one box)

- ☑ Started new business (specify type) ▶ Trucking
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ____
- ☐ Changed type of organization (specify new type) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year). See instructions.
May 15, 2006

11 Closing month of accounting year
December

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ 05/22/06

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
-0-	-0-	1

Do you expect to have $1,000 or less in employment tax liability for the calendar year? ☐ Yes ☑ No. (If you expect to pay $4,000 or less in wages, you can mark yes.)

14 Check one box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☑ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Other (specify)

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
Trucking Service

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) — City and state where filed — Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name — Designee's telephone number (include area code) ( )

Address and ZIP code — Designee's fax number (include area code) (863) 557-5507

Under penalties of perjury, I declare that I have examined the application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Michael E. Collins — Applicant's telephone number (include area code) ( )

Signature ▶ Michael E. Collins — Date ▶ 5-10-06 — Applicant's fax number (include area code) ( )

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 2-2006)

Attachment 660033312
P0600007828S

IRS Department of the Treasury
Internal Revenue Service
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

024699.291249.0122.003 1 AB 0.317 532

CML ENTERPRISES INC
% MICHAEL EUGENE COLLINS
PO BOX 371
WINTER HAVEN FL 33882-0371717

024699

CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.
DO NOT USE IF YOU ARE MAKING A PAYMENT.

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.
0134665168
BODCD-SB

Use for inquiries only
Letter Number: LTR0086C
Letter Date : 2006-11-28
Tax Period : 000000

030590768

CML ENTERPRISES INC
% MICHAEL EUGENE COLLINS
PO BOX 371
WINTER HAVEN FL 33882-0371717

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

03059076B JV CMLE 00 2 000000 670 00000000000

The IRS address must appear in the window.
0134665168
BODCD-SB

Use for payments
Letter Number: LTR0086C
Letter Date : 2006-11-28
Tax Period : 000000

030590768

CML ENTERPRISES INC
% MICHAEL EUGENE COLLINS
PO BOX 371
WINTER HAVEN FL 33882-0371717

INTERNAL REVENUE SERVICE

CINCINNATI OH 45999-0149

Attachment 66008l2
P06000078285

IRS Department of the Treasury
Internal Revenue Service
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

In reply refer to: 0134665168
Nov. 28, 2006 LTR 86C 0
03-0590768 000000 00 000
00216
BODC: SB

CML ENTERPRISES INC
% MICHAEL EUGENE COLLINS
PO BOX 371
WINTER HAVEN FL 33882-0371717

024699

Taxpayer Identification Number: 03-0590768
Tax Period(s): Dec. 31, 2006

Dear Taxpayer:

Thank you for the inquiry of Sep. 30, 2006.

We're sending your inquiry, dated Sep. 30, 2006, to the Ogden Campus at the address at the end of this letter for the following reason(s):

We believe that office can best process your request and answer your questions.

That office will contact you within 60 days.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter with your response. Use the space below to indicate a telephone number and the best time for us to call you should we need more information. Keep a copy of this letter and any information that you send to us for your records.

Telephone Number ( )_____ Hours_____

Attachment 660003812
P0600007 8285

0134665168
Nov. 28, 2006 LTR 86C 0
03-0590768 000000 00 000
00217

CML ENTERPRISES INC
% MICHAEL EUGENE COLLINS
PO BOX 371
WINTER HAVEN FL 33882-0371717

We apologize for any inconvenience, and thank you for your cooperation.

Sincerely yours,

Iris Drucker

Iris Drucker
Department Mgr. EIN 2

To: Internal Revenue Service

Ogden UT 84201