2007 FOR PROFIT CORPORATION ANNUAL REPORT

and the second of the second o

FILED Jun 07, 2007 8:00 am Secretary of State 05-14-2007 90096 018 ***150.00

DOCUMENT # P06000100271 1. Entity Name RICHIE TRUCKING, INC.							7 90096 018 *** PUU XZDD	150.00
Principal Place of Business Mailing Address 12725 GROVEHURST AVE 12725 GROVEHURST AVE WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787				,	- - - - - - - - - - - - - - - - - - -		96018299	
2. Principal P	Place of Business - No P.O. Box •	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05092007	Chg-P	CR2E034 (12/06)
City & State		City & State	<u> </u>		4. FEI Numb	52998	> * / ·	Applied For Not Applicable
Zip	" Country	Ζip	Countr	ry	5. Certificate	of Status Desired	See Requir	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	legistered Agent	
12725 GR	RICHARD OVEHURST AVE SARDEN, FL. 34787				(P.O. Box Number is Not Acceptable)			
	₹.			City			FL Zip Co	de
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 acceptate obligations of registered agent. SIGNATURE Signature. hyped or primed name of registered agent and ide if applicable. (NOTE: Registered Agent alignature required when refusating) PATE FILE NOW/III FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the								·
Due by September 14, 2007 Trust Fund Contribution					led to Fees	corporation did	not receive the prior	notice.
10.	OFFICERS A	AND DIRECTORS Delete	11.		ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BANNAH, RICHARD 12725 GROVEHURST AVE WINTER GARDEN, FL 3478		NAME STREET					U MUMINOS
NAME STREET ADDRESS CITY-ST-ZIP	V VARMA, SORODJENIE 12725 GROVEHURST AVE WINTER GARDEN, FL 3478	Delete					☐ Change	☐ Addition
HAME STREET ADDRESS CITY-SI-ZIP		- Delete	→TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE HAME STREET CITY-S	T ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE HAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-S				☐ 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 if 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 it changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRIVIED NAME OF SECHING OFFICER OR DIRECTOR (Date Of Director)								