
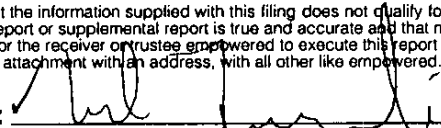


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90035 025 \*\*\*150.00

<b>DOCUMENT # P06000122396</b> 1. Entity Name <b>UNLIMITED TRUCKING INC.</b>					
Principal Place of Business <b>2842 COUNTRYBROOK DR 2842 C #H-23 PALM HARBOR, FL 34684</b>			Mailing Address <b>COUNTRYBROOK DR #H-23 PALM HARBOR, FL 34684</b>		
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		Country		4. FEI Number <b>20-5612940</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JANKOWSKI, LESZEK 2842 COUNTRYBROOK DR. #H-23 PALM HARBOR, FL 34684</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JANKOWSKI, LESZEK 2842 COUNTRYBROOK DR, #H-23 PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JANKOWSKA, BOGUSLAWA 2842 COUNTRYBROOK DR, #H-23 PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>LESZEK JANKOWSKI</b> <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date <b>2/26/08</b></span> <span>Daytime Phone # <b>727-786-4554</b></span> </div>					

**40071802**



01222008 Chg-P CR2E034 (12/06)