

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90001 028 ***150.00

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|--|---|--|--|--|---|
| DOCUMENT # P07000040898 1. Entity Name SANFORD TRUCKING, INC | | | |  | |
| Principal Place of Business 1300 S FRENCH AVE #13 SANFORD, FL 32771 | | | Mailing Address 1300 S FRENCH AVE #13 SANFORD, FL 32771 | | |
| 2. Principal Place of Business - No P.O. Box # 1300 S. FRENCH AVE. | | 3. Mailing Address 1300 S. FRENCH AVE. | |  | |
| Suite, Apt. #, etc. # 14 | | Suite, Apt. #, etc. # 14 | | 08132008 Chg-P CR2E034 (12/06) | |
| City & State SANFORD, FL | | City & State SANFORD, FL | | 4. FEI Number 20-8770205 | |
| Zip 32771 | | Country Seminole | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RIM, JEOM T 1300 S FRENCH AVE #13 SANFORD, FL 32771 | | | | 7. Name and Address of New Registered Agent 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:  8/13/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D,P RIM, JEOM T 1300 S FRENCH AVE, #13 SANFORD, FL 32771 | <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 RIM, JEOM T 1300 S FRENCH AVE, #13 SANFORD, FL 32771 | <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:  | | | 8/13/2008 (407) 323-8707 <small>Date Daytime Phone #</small> | | |