

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000051075

FILED
Apr 04, 2009
Secretary of State

Entity Name: E.T.G.TRUCKING INC

Current Principal Place of Business:

3420 36 AVE SE
NAPLES, FL 34117

New Principal Place of Business:

504 COLUMBUS AVE
LEHIGH ACRES, FL 33972

Current Mailing Address:

3420 36 AVE SE
NAPLES, FL 34117

New Mailing Address:

504 COLUMBUS AVE
LEHIGH ACRES, FL 33972

FEI Number: 20-8250598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOSCO, EDUARDO
3420 36 AVE SE
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

TOSCO, EDUARDO
504 COLUMBUS AVE
LEHIGH ACRES, FL 33972 US

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.

SIGNATURE: EDUARDO TOSCO

04/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOSCO, EDUARDO
Address: 3420 36 AVE SE
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOSCO, EDUARDO
Address: 504 COLUMBUS AVE
City-St-Zip: LEHIGH ACRES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO TOSCO

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date