

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90066 006 ***158.75

DOCUMENT # P07000059644

1. Entity Name
RONNIE DESCHAMPS TRUCKING, INC.



Principal Place of Business
**17909 US HIGHWAY 41
SPRING HILL, FL 34610**

Mailing Address
**17909 US HIGHWAY 41
SPRING HILL, FL 34610**



01162008 Chg-P CR2E034 (12/06)

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

59304 3643

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

**DESCHAMPS, JANALEE
10002 ROCKBAY ROAD
BROOKSVILLE, FL 34601-5496**

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

JanaLee DesChamps

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P	<input type="checkbox"/> Delete
NAME	DESCHAMPS, RONALD	
STREET ADDRESS	10002 ROCKBAY ROAD	
CITY - ST - ZIP	BROOKSVILLE, FL 346015496	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DESCHAMPS, JANALEE	
STREET ADDRESS	10002 ROCKBAY ROAD	
CITY - ST - ZIP	BROOKSVILLE, FL 346015496	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

JanaLee DesChamps

(Signature and typed or printed name of signing officer or director)

1/16/08

352 796 0084

Date

Daytime Phone #