

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2008 90021 003 \*\*\*150.00

**DOCUMENT # P07000089643**

1. Entity Name  
**MICHAEL G'S TRUCKING, INC.**



Principal Place of Business  
**1829 TALLOKAS AVENUE  
ORLANDO, FL 32805**

Mailing Address  
**1829 TALLOKAS AVENUE  
ORLANDO, FL 32805**

2. Principal Place of Business - No P.O. Box #  
**307 Clonts St.**

Suite, Apt. #, etc.

3. Mailing Address  
**307 Clonts St.**

Suite, Apt. #, etc.

City & State  
**Oviedo, Fl**

Zip  
**32765**

Country

City & State  
**Oviedo, Fl**

Zip  
**32765**

Country

03162008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**26-0740513**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**REED, LORRAINE M  
1829 TALLOKAS AVENUE  
ORLANDO, FL 32805**

## 7. Name and Address of New Registered Agent

Name  
**Lorraine M. Reed**

Street Address (P.O. Box Number is Not Acceptable)  
**307 Clonts St.**

City  
**Oviedo**

FL

Zip Code  
**32765**

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 **Lorraine M. Reed**

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

(NOTE: Registered Agent signature required when registered)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P REED, LORRAINE M  
1829 TALLOKAS AVENUE  
ORLANDO, FL 32805** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Reed, Lorraine M.  
307 Clonts St.  
Oviedo, Fl** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-26-08**

**407 448 9857**