

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90122 033 ***150.00

DOCUMENT # P07000126056	
1. Entity Name KRAFT TRUCKING INC.	

Principal Place of Business 10481 S.E. FOSTER AVE ARCADIA, FL 34266 US	Mailing Address 10481 S.E. FOSTER AVE ARCADIA, FL 34266 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 435
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FORT OGDEN FL
Zip	Country
	34267 Desoto

02112008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0777751	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KRAFT, BERNARD E SR 10481 S.E. FOSTER AVE. ARCADIA, FL 34266	

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: _____ (NOTE: Registered Agent signature required when reappointing) 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	☐ Delete
P KRAFT, LISA M 10481 S.E. FOSTER AVE ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
VP KRAFT, BERNARD E SR 10481 S. E. FOSTER AVE ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: Lisa Kraft LISA KRAFT

04/21/08

863-993-0428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #