## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000014191

Entity Name: G.F. TRUCKING, INC.

FILED Jul 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

852 LONGLEAF PINE CT ORLANDO, FL 32825

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 678242 ORLANDO, FL 32867

FEI Number: 59-3042020 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIGUEROA, GLADYS

852 LONGLEAF PINE CT
ORLANDO, FL 32825 US

ROSARIO FIGUEROA, GLADYS

852 LONGLEAF PINE CT
ORLANDO, FL 32825 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: GLADYS ROSARIO FIGUEROA 07/27/2009

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 FIGUEROA, GLADYS
 Name:
 ROSARIO FIGUEROA, GLADYS

 Address:
 POST OFFICE BOX 678242
 Address:
 POST OFFICE BOX 678242

 City-St-Zip:
 ORLANDO, FL 32867
 City-St-Zip:
 ORLANDO, FL 32867

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROSARIO, MIGUEL A
 Name:

 Address:
 852 LONGLEAF PINE CT
 Address:

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROSARIO, FELIX R
 Name:

 Address:
 852 LONGLEAF PINE CT
 Address:

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 ROSARIO, GLADYS D

 Address:
 Address:
 852 LONGLEAF PINE CT

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32825

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: GLADYS ROSARIO FIGUEROA P 07/27/2009