




FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000004491			
1. Entity Name S.T.D. TRUCKING CORPORATION			
Principal Place of Business 25601 HAYMAN ROAD BROOKSVILLE, FL 34602 US		Mailing Address 25601 HAYMAN ROAD BROOKSVILLE, FL 34602 US	
DO NOT WRITE IN THIS SPACE			
		01282005 00000000000000000000	
		4. FEI Number 59-3152413	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 00000000000000000000	
6. Name and Address of Current Registered Agent DIBLASI, SAMUEL 25601 HAYMAN ROAD BROOKSVILLE, FL 34602		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000000000000000	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD DIBLASI, SAMUEL T 2327 SPRING LAKE HWY BROOKSVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD DIBLASI, SANDRA 2327 SPRING LAKE HWY BROOKSVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Samuel DiBlasi		352x799-5658 x 4-13-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	