

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000071990

1. Entity Name
TRU TRUCKING, INC.



Principal Place of Business
14689 21ST STREET N.
LOXAHATCHEE, FL 33470 US

Mailing Address
P.O. BOX 1058
LOXAHATCHEE, FL 33470 US



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0489248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUJILLO, FRANCISCO
12669 KEY LIME BLVD.
ROYAL PALM BEACH, FL 33412

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	TRUJILLO, DAVID
STREET ADDRESS	14689 21ST STREET N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	PTD
NAME	TRUJILLO, FRANCISCO
STREET ADDRESS	12669 KEY LIME BLVD.
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33412
TITLE	V
NAME	TRUJILLO, CARIDAD
STREET ADDRESS	14689 21ST STREET N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000256482
03/09/05-80017-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Caridad Trujillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARIDAD TRUJILLO 3/7/05

Date

Daytime Phone #

561-784-2283