

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 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	



04142008 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	VSD TRUJILLO, DAVID 14689 21ST STREET N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TRUJILLO, FRANCISCO 3434 OTTERS RUN DR. GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRUJILLO, CARIDAD 14689 21ST STREET N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 another like empowered

SIGNATURE: Caridad Trujillo U.P. 4/17/08 561-753-6417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #