


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90054 030 ***150.00

DOCUMENT # P93000085343 1. Entity Name DITTRICH TRUCKING INC.			
Principal Place of Business 6011 HOMOSASSA TRAIL HOMOSASSA FL 34478 US		Mailing Address P O BOX 597 HOMOSASSA FL 34487 US	
2. Principal Place of Business Homosassa		3. Mailing Address Po Box 597	
Suite, Apt. #, etc. 6011 Homosassa Tr.		Suite, Apt. #, etc. 	
City & State Homosassa FL		City & State Homosassa FL	
Zip 34448		Zip 34487	
Country US		Country US	
4. FEI Number 59-3213977		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DITTRICH, JOHN 6671 BASSETT DR SUITE 18 HOMOSASSA FL 34483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DITTRICH, ELLEN PO BOX 597 N/A HOMOSASSA FL 34487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Ellen Dittrich</i>		Date 4-2-04 Daytime Phone # 352-628-1181	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

J4U40329



MOORE CR2E034 (11/03)