

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90242 008 ***150.00

DOCUMENT # P93000085343

1. Entity Name

DITTRICH TRUCKING INC.



Principal Place of Business

6011 HOMOSASSA TRAIL
HOMOSASSA FL 34448
US

Mailing Address

P O BOX 597
HOMOSASSA FL 34487
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3213977**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DITTRICH, JOHN
6671 BASSETT DR
SUITE 18
HOMOSASSA FL 34483

Name John Dittrich

Street Address (P.O. Box Number is Not Acceptable)

6671 Bassett Dr.

City Homosassa FL Zip Code 34448

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME DITTRICH, ELLEN
STREET ADDRESS PO BOX 597 N/A
CITY-ST-ZIP HOMOSASSA FL 34487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DITTRICH, JOHN
STREET ADDRESS PO BOX 597 N/A
CITY-ST-ZIP HOMOSASSA FL 34487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

John Dittrich JOHN DITTRICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08 352-628-4813

Date Daytime Phone #