2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000020917

1. Entity Name
FLORIDA NORTH TRUCKING, INC.

Principal Place of Business	Mailing Address
28201 LAKE INDUSTRAIL BLVD TAVARES, FL 32778 US	1140 FOX FORREST CIRCLE APOPKA, FL 32712

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3229821
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINS, ANDRE
3806 GROOME DRIVE
ORLANDO, FL 32810

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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 _____ DATE
Signature, required if the following is completed. (HERE: Registered Agent signature required for any changes)

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

U00000344950
04/30/05-80017-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTINS, RICHARD
STREET ADDRESS	1140 FOX FORREST CIRCLE
CITY ST ZIP	APOPKA, FL 32712
TITLE	STD
NAME	MARTINS, LENIR
STREET ADDRESS	1140 FOX FORREST CIRCLE
CITY ST ZIP	APOPKA, FL 32712
TITLE	VD
NAME	MARTINS, ANDRE
STREET ADDRESS	3806 GROOME DRIVE
CITY ST ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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: President 4/26/05 352-253-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #