

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90049 020 \*\*\*150.00

**DOCUMENT # P95000021620**

1. Entity Name

ELITE TRUCKING, INC.



Principal Place of Business

16535 ALBRIGHT ROAD  
SPRING HILL, FL 34610

Mailing Address

16535 ALBRIGHT ROAD  
SPRING HILL, FL 34610



01302004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3300660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

O'RILEY, FRANK R  
16535 ALBRIGHT ROAD  
SPRING HILL, FL 34610

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	O'RILEY, FRANK R
STREET ADDRESS	16535 ALBRIGHT ROAD
CITY - ST - ZIP	SPRING HILL, FL 34610
TITLE	D, VP, S, T
NAME	O'RILEY, WENDY
STREET ADDRESS	16535 ALBRIGHT ROAD
CITY - ST - ZIP	SPRING HILL, FL
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:** Frank R. O'Riley Frank R. O'Riley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/04

Daytime Phone #

727-856-1435