

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90068 023 ***150.00

DOCUMENT # P95000075242

1. Entity Name

MARIA'S TRUCKING, INC.



Principal Place of Business

48 MEADOWWAY AVENUE
FROSTPROOF FL 33843

Mailing Address

203 SOUTH SEVENTH AVENUE
WAUCHULA FL 33873



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

48 Meadow Way
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

Frostproof, FL

Zip

Country

Zip

Country

33843

Polk

4. FEI Number

59-3336481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANLEY, MICHAEL D
203 SOUTH SEVENTH AVENUE
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GRACIA, MARIA V	
STREET ADDRESS	48 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANLEY, MICHAEL D	
STREET ADDRESS	203 SOUTH SEVENTH AVENUE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRACIA, JOSE M	
STREET ADDRESS	48 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Maria V. Gracia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05

Date

863 635-4477

Daytime Phone #