


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000075242 1. Entity Name MARIA'S TRUCKING, INC.	
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Principal Place of Business 48 MEADOWWAY AVENUE FROSTPROOF, FL 33843	Mailing Address 48 MEADOWWAY AVENUE FROSTPROOF, FL 33843
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3336481	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 MANLEY, MICHAEL D 203 SOUTH SEVENTH AVENUE WAUCHULA, FL 33873
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRACIA, MARIA V 48 MEADOW WAY FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANLEY, MICHAEL D 203 SOUTH SEVENTH AVENUE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRACIA, JOSE M 48 MEADOW WAY FROSTPROOF, FL 33843
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE: *[Signature]* VP *[Signature]* 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #