

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097455

FILED
Feb 25, 2008
Secretary of State

Entity Name: LATOURETTE TRUCKING, CO., INC.

Current Principal Place of Business:

6391 NEAL RD
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

6271 NEAL RD.
FT MYERS, FL 33905

New Mailing Address:

FEI Number: 65-0632027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATOURETTE, NICHOLAS
6271 NEAL RD
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LATOURETTE, CHRISTINE
Address: 6271 NEAL RD.
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: LATOURETTE, NICHOLAS L
Address: 6271 NEAL RD
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LATOURETTE, CHRISTINE
Address: 6271 NEAL RD.
City-St-Zip: FT MYERS, FL 33905

Title: P (X) Change () Addition
Name: LATOURETTE, NICHOLAS L
Address: 6271 NEAL RD
City-St-Zip: FT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE LATOURETTE

VP

02/25/2008

Electronic Signature of Signing Officer or Director

Date