## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000035471

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CRIOLLO, MANUEL J.

1715 SE 8TH AVE

CAPE CORAL, FL

Title:

Name:

Address:

City-St-Zip:

FILED Jan 22, 2004 Secretary of State

Entity Nai	me: FORT MY	ERS TRUCKING, INC.							
Current P	rincipal Place	Nev	New Principal Place of Business:						
	RADO BLVD N								
#8 CAPE COI	RAL, FL 33909	ı							
Current M	lailing Addres	Nev	New Mailing Address:						
P O BOX 1 CAPE COI	150576 RAL, FL 33915	i i							
FEI Number:	: 65-0674955	FEI Number Applied For()	FEI Number N	FEI Number Not Applicable ( )			Certificate of Status Desired ( )		
Name and	Address of C	Nan	Name and Address of New Registered Agent:						
441 DEL P	MANUEL N PRADO BLVD N RAL, FL 33990								
	named entity see of Florida.	submits this statement for the	e purpose of cha	nging its r	egistered (	office or re	gistered age	nt, or both,	
SIGNATUR	RE:								
	Electron	ic Signature of Registered A	gent	Date					
Election Car	mpaign Financing	Trust Fund Contribution ( ).							
OFFICERS	S AND DIREC	ADI	DITIONS/	CHANGES	TO OFFI	CERS AND	DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name:	CRIOLLO, MAN 1006 PONDELL CAPE CORAL, I	A RD FL 33909 Delete	Title: Name Addre City- Title: Name	e: C ess: 13 St-Zip: C	RIOLLO, MA 37 SE 12TH I APE CORAL	PLACE FL 33990 () Change (			
Address: City-St-Zip:	1100 PONDELL CAPE CORAL,	A RD	Addre	ess: 22	202 SE 5TH APE CORAL	TERRACE			
Title: Name: Address: City-St-Zip:	T () CALDERON, RA 437 SE 13TH C CAPE CORAL, I	OURT	Title: Name Addre City-	e:	(	) Change(	) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL J CRIOLLO S 01/22/2004

(X) Change ( ) Addition

CRIOLLO, MANUEL J

1420 SE 4TH STREET

CAPE CORAL, FL 33990