

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035471

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: FORT MYERS TRUCKING, INC.

**Current Principal Place of Business:**

441 DEL PRADO BLVD N  
#8  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 150576  
CAPE CORAL, FL 33915 US

**New Mailing Address:**

FEI Number: 65-0674955      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRIOLLO, MANUEL J  
441 DEL PRADO BLVD N  
# 8  
CAPE CORAL, FL 33909 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: P ( ) Delete  
Name: CRIOLLO, MANUEL N  
Address: 137 SE 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: V ( ) Delete  
Name: CALDERON, JOSE  
Address: 2202 SE 5TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: T (X) Delete  
Name: CALDERON, RAFAEL  
Address: 437 SE 13TH COURT  
City-St-Zip: CAPE CORAL, FL 33990

Title: S (X) Delete  
Name: CRIOLLO, MANUEL J  
Address: 1420 SE 4TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CRIOLLO, MANUEL N  
Address: 137 SE 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Change ( ) Addition  
Name: CRIOLLO, MANUEL J  
Address: 1420 SE 4TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHELLE ROMERO

LA

02/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date