2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## "Apr 07, 2005 08:00 AM DOCUMENT # P97000018464 **Secretary of State** 1. Entity Name C.P.& L. TRUCKING INCORPORATED Mailing Address Principal Place of Business 3941 NE 22ND AVE OCALA FL 34479 US 3941 N.E. 22ND AVENUE OCALA FL 34479 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEi Number 59-3432971 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired $\nabla$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AYERS, LESLIE H Street Address (P.O. Box Number is Not Acceptable) 3941 N.E. 22ND AVENUE OCALA FL 34479 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 explicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Feas Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition Delete HILE TITLE AYERS, LESLIE H NAME STREET ADDRESS STREET ADDRESS 3941 NE 22ND AVE City-Si-ZIP OCALA FL 34479 CITY ST-ZIP ☐ Addition Change TITLE ☐ Delete Trate U000000292000 NAME MAME r4/07/05-80051-016 158.75 STREET ADDRESS STREET ADDRESS CHY-SI-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE HITEE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP ☐ Addition Change HILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILL ☐ Delete MAME STREET ADDRESS STREET ADDRESS CUY-ST-719 CIFY-SI-ZIP Detete Addition Addition frii i Change THLE NAME MAME STREET ADDRESS STREET ADDRESS CITY ST-71P CDY-ST-JIP

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:

ATURE AND TYPED OR PRINTED TIME OF SIGNING OFFICER OR DIRECTOR

April 5, 2005 352-427-2849

**FILED**