

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P98000001094		
1. Entity Name G & N TRUCKING COMPANY		

Principal Place of Business P.O. BOX 770157 ORLANDO FL 32877	Mailing Address P.O. BOX 770157 ORLANDO FL 32837
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3493729** ☐ Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

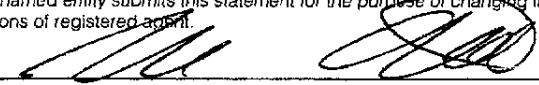
6. Name and Address of Current Registered Agent

**CANNATI, NICHOLAS
3137 CRYSTAL CREEK BLVD.
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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  **Feb 01 2006**
(NOTE: Registered Agent signature required when reinstating) DATE

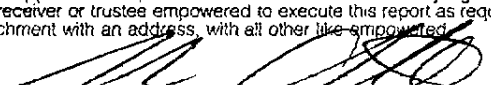
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNATI, NICHOLAS 3137 CRYSTAL CREEK BLVD. ORLANDO FL 32837	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENES, GREGORY 3012 CRYSTAL CREEK BLVD. ORLANDO FL 32837	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change	☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000416438 02/13/06-80015-020 150.00	☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐

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

SIGNATURE:  **Feb 01 2006 (407) 903-0151**