## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000041589

Entity Name: FORT MYERS TRUCK BROKERAGE & LOGISTICS, INC.

FILED Jan 03, 2005 Secretary of State

| Current Principal Place of Business:          |  |                              | New Principal Place of E                            | New Principal Place of Business:             |  |
|---|--|------------------------------|---|--|--|
| 441 DEL P                                     | RADO BLVD N  |                              | 441 DEL PRADO BLVD N<br>8                           | 441 DEL PRADO BLVD N                         |  |
| CAPE CORAL, FL 33909                          |  |                              | CAPE CORAL, FL 33909                                | US   |  |
| Current Mailing Address:                      |  |                              | New Mailing Address:                                | New Mailing Address:                         |  |
| P.O. BOX 150576<br>CAPE CORAL, FL 33915       |  |                              | P.O. BOX 150576<br>CAPE CORAL, FL 33915             | US   |  |
| FEI Number:                                   | : 65-0831611   | FEI Number Applied For ( )   | FEI Number Not Applicable ( )                       | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                              | Name and Address of No                              | Name and Address of New Registered Agent:    |  |
| 441 DEL P<br># 8<br>CAPE COI<br>The above     | MANUEL J PRADO BLVD N RAL, FL 33990 named entity si e of Florida |                              | urpose of changing its registered of                | fice or registered agent, or both,           |  |
|   |  |                              |   |  |  |
| SIGNATU                                       |  | Signature of Registered Age  | nt  | <br>Date                                     |  |
| Election Car                                  |  | Trust Fund Contribution ( ). |   | Batto  |  |
| OFFICERS AND DIRECTORS:                       |  |                              | ADDITIONS/CHANGES                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P () I<br>CRIOLLO, MANU<br>137 SE 12TH PL<br>CAPE CORAL, F       | ACE                          | Title: ( ) i<br>Name:<br>Address:<br>City-St-Zip:   | Change ()Addition                            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | V () I<br>CALDERON, JOS<br>2202 SE 5TH TE<br>CAPE CORAL, F       | RRACE                        | Title: ( ) ! Name: Address: City-St-Zip:            | Change ( ) Addition                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | S () I<br>CRIOLLO, MANU<br>1420 SE 4TH ST<br>CAPE CORAL, F       | REET                         | Title: ( ) <sup>(</sup> Name: Address: City-St-Zip: | Change ()Addition                            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | T () I<br>CALDERON, RAI<br>437 SE 13TH CC<br>CAPE CORAL, F       | DURT                         | Title: ( ) ! Name: Address: City-St-Zip:            | 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.

SIGNATURE: MANUEL J CRIOLLO S 01/03/2005