

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050604

Entity Name: ASH-MARIE TRUCKING, INC.

FILED  
Apr 15, 2008  
Secretary of State

**Current Principal Place of Business:**

2426 COCO BAY CIRCLE  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

2426 COCO BAY CIRCLE  
KISSIMMEE, FL 34743

**New Mailing Address:**

FEI Number: 59-3506333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAUREANO, ROY J  
2426 COCO BAY CIRCLE  
KISSIMMEE, FL 34743 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: D ( ) Delete  
Name: LAUREANO, ROY J  
Address: 2426 COCO BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: S ( ) Delete  
Name: ZAPATA-LAURANO, JOAM  
Address: 2426 COCO BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

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

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: ROY J LAUREANO

PRES

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date