2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000055759

1. Entity Name
ELIUM TRUCKING, INC.

Principal Place of Business	Mailing Address
2084 LONG JOHN TRAIL YULEE, FL 32097	2084 LONG JOHN TRAIL YULEE, FL 32097

DO NOT WRITE IN THIS SPACE

03052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3522499

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOMASSETTI, A. JEFFREY
406 ASH STREET
FERNANDINA, FL 32034

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

After May 1, 2006 Fee will be $550.00 Trust Fund Contribution. ☐ Added to Fees

000000470564
03/28/06-80019-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELIUM, WALTER D JR
STREET ADDRESS	2084 LONG JOHN TRAIL
CITY-ST-ZIP	YULEE, FL 32097
TITLE	STD
NAME	ELIUM, TONYA H
STREET ADDRESS	2084 LONG JOHN TRAIL
CITY-ST-ZIP	YULEE, FL 32097
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Walt D El-D 3-11-06 904-321-3472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #