

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/3

FILED
Jun 18, 2004 8:00 am
Secretary of State

05-03-2004 90853 001 ***300.00

DOCUMENT # P98000089001



1. Entity Name
CUSTOM TRUCKING, INC.

Principal Place of Business
**20475 LORIAT LANE
NORTH FORT MYERS, FL 33917**

Mailing Address
**P.O. BOX 51738
FORT MYERS, FL 33994**

66428526



2. Principal Place of Business
20475 Lariat Lane
Suite, Apt. #, etc.

3. Mailing Address
20475 Lariat Lane
Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State
N. Ft. Myers, FL
Zip
33917 Country
USA

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N. Ft. Myers, FL
Zip
33917 Country
USA

4. FEI Number
65-0870678
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GRECO, CARL
3949 EVANS AVE., #205
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent
Name
Jodi Martell
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 51738
20475 Lariat Lane **33917**
City
N. Fort Myers **FL** Zip Code
33917

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
Jodi Martell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/5/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTELL, JODI 16660 JOHNSON LANE NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20475 Lariat Ln. N. Ft. Myers, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jodi Martell** **Jodi Martell** **4/5/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

739-275-7766