

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

2007 SEP 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09052007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000023276					
1. Entity Name C.R.C. TRUCKING, INC.					
Principal Place of Business 1410 N. GOLDENROD ROAD SUITE # 6 ORLANDO, FL 32807			Mailing Address 1410 N. GOLDENROD ROAD SUITE # 6 ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box # 1330 Lake Rogers Circle			3. Mailing Address 1330 Lake Rogers Circle		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Oviedo, FL			City & State Oviedo, FL		
Zip 32765	Country Seminole	Zip 32765	Country Seminole	4. FEI Number 59-3566569	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUTIGLIANO, CARLO PRES 1410 N. GOLDENROD ROAD SUITE # 7 ORLANDO, FL 32807				7. Name and Address of New Registered Agent Name William L. Worley Street Address (P.O. Box Number is Not Acceptable) 1330 Lake Rogers Circle City Oviedo FL Zip 32765	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RUTIGLIANO, CARLO PRES 1410 N. GOLDENROD ROAD ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D William L. Worley 1330 Lake Rogers Circle Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Linda Worley 1330 Lake Rogers Circle Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000109596900 09/18/07--01071--009 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>William L. Worley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			9-6-07 407-948-0955 Date Daytime Phone #		

9/13/07