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Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90017 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000035559

1. Entity Name
CHROME DOME TRUCKING, INC.

40041752

Principal Place of Business
16419 SAPPHIRE ST.
WESTON, FL 33331

Mailing Address
16419 SAPPHIRE ST.
WESTON, FL 33331

03112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15 Woodguild Place	15 Woodguild Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm-Coast, Fl	City & State: Palm-Coast, Fl
Zip: 32164 Country: U.S.A.	Zip: 32164 Country: U.S.A

4. FEI Number 65-0913179 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ELLIOTT, CIVIS H
16419 SAPPHIRE ST.
WESTON, FL 33331

7. Name and Address of New Registered Agent
Name: Elliott, Civis H.
Street Address (P.O. Box Number is Not Acceptable): 15 Woodguild Place
City: Palm Coast FL Zip Code: 32164

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ELLIOTT, CIVIS 16419 SAPPHIRE ST. WESTON, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Elliott, Civis 15 Woodguild Place Palm Coast, Fl 32164	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVTS ELLIOTT, BUMA R 11221 MW 22ND ST. PLANTATION, FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVTS Elliott, Burma 15 Woodguild Place Palm Coast, Fl 32164	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #