

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90132 019 ***150.00

DOCUMENT # S18042

1. Entity Name
CAPE CORAL TRUCK RENTALS, INC.



Principal Place of Business
**928 SE 13 PL
CAPE CORAL, FL 33990**

Mailing Address
**928 SE 13 PL
CAPE CORAL, FL 33990**

DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0231801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DURANTE, JOSEPH
928 SE 13 PL
CAPE CORAL, FL 33990**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DURANTE, GAIL**
STREET ADDRESS **1225 SW 36TH TERR.**
CITY- ST- ZIP **CAPE CORAL, FL 33914**

TITLE **V**
NAME **DURANTE, JOSEPH**
STREET ADDRESS **1225 SW 36TH TERR.**
CITY- ST- ZIP **CAPE CORAL, FL 33914**

TITLE
NAME
STREET ADDRESS
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CITY- ST- ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

(239) 458-5557
Daytime Phone #