

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # S40413

1. Entity Name
GENERAL TRUCKING, INC.



Principal Place of Business
**845 NORTHEAST 71ST STREET
BOCA RATON, FL 33487**

Mailing Address
**8642 TOURMALINE BLVD
BOYNTON BEACH, FL 33437 US**

U00000476830
04/06/06-80027-013 150.00



DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0274324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHONE, LARRY
50 SE 4TH AVE.
DELRAY BEACH, FL 33483**

**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

Tim Stuchal

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

(NOTE: Registered Agent signature required when reinstating)

3-18-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P OSTER, CLINT 845 NE 71ST STREET BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCHAL, TIM 8642 TOURMARINE BLVD BOYNTON BEACH, FL 33437
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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: *Clint Oster* **Clint Oster, President** **3-18-06 (561)994-3755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #