2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State
02-18-2008 90004 020 ***150.00

DOCUMENT # V42852

1. Entity Name

CRISOLA TRUCKING, INC.

Principal Place of Business	Mailing Address
6950 SHINN RD. PORT SAINT LUCIE FL 34987 US	6950 SHINN RD. PORT SAINT LUCIE FL 34987 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O Box 13603
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ft Pierce Florida
Zip / Country	Zip: 34979-3603 / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0344612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEE, FRANK H. III 401-A S INDIAN RIVER DR FT PIERCE FL 34950	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Make Check Payable to Florida Department of State

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	P KARNS, SHELDON 6950 SHINN RD. PORT ST. LUCIE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O Box 13603 Ft. Pierce, Fl 34979-3603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARNS, PENNY 6950 SHINN RD. PORT ST. LUCIE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O Box 13603 Ft. Pierce, Fl 34979-3603
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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 exemptions contained in Section 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: Penny Karns 2/9/08 (772) 370-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #