

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # V69087					
1. Entity Name LARRY ZARPAYLIC TRUCKING, INC.					
Principal Place of Business P.O. BOX 15374 WEST PALM BEACH FL 33416			Mailing Address P.O. BOX 15374 WEST PALM BEACH FL 33416		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0360182	
5. Certificate of Status Desired ☐				Applied For Not Applied	
6. Name and Address of Current Registered Agent ZARPAYLIC, LARRY 18311 48TH AVE N LOXAHATCHEE FL 33470				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	ZARPAYLIC, LARRY	NAME			
STREET ADDRESS	1122 HATTERAS CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	U00000523245 05/03/06-80066-002 150.00		
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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>LARRY ZARPAYLIC</u> <i>Larry Zarpaylic President</i>					
Date _____ Daytime Phone # _____					

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422-29