## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2004 08:00 AM Secretary of State **DOCUMENT # V69404** 1. Entity Name KIMELIES TRUCKING, INC. Principal Place of Business Mailing Address 115 KIRK HILL RD 115 KIRK HILL RD DELTONA, FL 32738 DELTONA, FL 32738 03242004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3163631 Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARBOSA, JOSE E. DO NOT WRITE 115 KIRK HILL RD DELTONA, FL 32738 IN THIS SPACE 3. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Func Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE BARBOSA, JOSE E. JAME STREET ADDRESS 115 KIRK HILL RD DELTONA, FL OFTY-ST-ZIP - **U00**000167830 **TTL**8 94/09/84-80030-021 150.00 VAME STREET ADDRESS DITY-ST-ZIP THE **JAME** STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE **vAM**E STREET ADDRESS CITY - ST - ZIP TILE IAME STREET ADDRESS TITY ST-ZIP TITLE

12. Thereby 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 in the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 607. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VAME STREET ADDRESS DITY ST ZIP