


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000022654
 1. Entity Name
CLASS A TRUCKING, INC.



Principal Place of Business Mailing Address
 595 11TH STREET N.W. 595 11TH STREET N.W.
 NAPLES, FL 34120 US NAPLES, FL 34120 US

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3445767 Not Applicable

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

6. Name and Address of Current Registered Agent
 BROWN, KAREN A
 595 11TH ST NW
 NAPLES, FL 34120

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

100000347929
 05/02/05-80006-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, KAREN A 595 11TH ST NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, H. SKIP 595 11TH STREET N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, SCOTT A 4144 19TH PL SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLINE, STACEY 211 3RD ST NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Karen A. Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 (239) 455-4434
 Date Daytime Phone #