


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90042 004 ***150.00

DOCUMENT # 607645					
1. Entity Name SWIFT LINE TRUCKING, INC.					
Principal Place of Business 2044 PONDELLA ROAD NORTH FORT MYERS, FL 33903			Mailing Address 2044 PONDELLA ROAD NORTH FORT MYERS, FL 33903		
2. Principal Place of Business 2044 Pondella Road		3. Mailing Address 2044 Pondella Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FEI Number 59-1877425	
Zip 33909		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAQUIDARA, ROSE 2044 PONDELLA ROAD NORTH FORT MYERS, FL 33903			7. Name and Address of New Registered Agent Name: LAQUIDARA, ROSE Street Address (P.O. Box Number is Not Acceptable): 2044 PONDELLA ROAD City: CAPE CORAL, FL Zip Code: 33909		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME LAQUIDARA, ANTHONY STREET ADDRESS 2044 PONDELLA ROAD CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE VP NAME LAQUIDARA, Anthony STREET ADDRESS 2044 Pondella Road CITY-ST-ZIP CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LAQUIDARA, FELIX STREET ADDRESS 2044 PONDELLA ROAD CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE VP NAME LAQUIDARA, Felix STREET ADDRESS 2044 Pondella Road CITY-ST-ZIP CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME LAQUIDARA, ROSE STREET ADDRESS 2044 PONDELLA ROAD CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE P NAME LAQUIDARA, Rose STREET ADDRESS 2044 Pondella Road CITY-ST-ZIP CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rose Laquidara, Rose</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/30/06 239-574-8902 Date Daytime Phone #		