## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 843382** 

Name:

Address:

City-St-Zip:

JONES, LARRY F

TAMPA, FL 33611

2930 TAMBAY

**Entity Name: BARGENE TRANSPORTATION COMPANY** 

FILED Apr 18, 2006 Secretary of State

•					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5501 W. GRAY ST.		2502 N. ROCKY POINT DR			
TAMPA, F	L 33609 U	5	SUITE 700 TAMPA, FL 33607	US	
Current M	lailing Addres	ss:	New Mailing Addre	New Mailing Address:	
P O BOX 2 TAMPA, F		5	P O BOX 30300 TAMPA, FL 33630	US	
FEI Number	: 59-1900377	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TAMPA, F The above	e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VS ( GOETSCHIUS, 4117 SALTWA TAMPA, FL 33	TER BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PTD ( MCNICHOLS, E 964 MONTE CF TIERRA VERDI	RISTO BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VT (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN KEITH MS 04/18/2006