

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000003793

1. Entity Name
W. W. TRANSPORT, INC. OF IOWA



Principal Place of Business
**2860 MT. PLEASANT STREET
BURLINGTON, IA 52601**

Mailing Address
**P.O. BOX 535
WEST BURLINGTON, IA 52655**



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1368947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SZUBA, CATHARYN
1175 NW 97TH DRIVE
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000489208
04/18/06-80007-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALTERS, JEFFREY S
STREET ADDRESS	1101 10TH AVENUE
CITY-ST-ZIP	ORION, IL 61273
TITLE	V
NAME	WAGENBACH, COLIN K
STREET ADDRESS	6025 170TH STREET
CITY-ST-ZIP	BURLINGTON, IA 52601
TITLE	T
NAME	WAGENBACH, CRAIG R
STREET ADDRESS	4536 WEST AVENUE ROAD
CITY-ST-ZIP	BURLINGTON, IA 52601
TITLE	S
NAME	WAGENBACH, MARC A
STREET ADDRESS	10491 160TH STREET
CITY-ST-ZIP	BURLINGTON, IA 52601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 507, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colin K. Wagenbach 3-31-06 319-754-1944

Date

Daytime Phone