

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L83447

**FILED
Jan 11, 2006
Secretary of State**

Entity Name: A. CONTRERAS TRUCKING, INC.

Current Principal Place of Business:

802 MONROE ST
IMMOKALEE, FL 33934 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 333
IMMOKALEE, FL 33934

New Mailing Address:

FEI Number: 65-0204348 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONTRERAS, ANASTACIO
802 MONROE ST.
IMMOKALEE, FL 33934 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONTRERAS, ANASTACIO,
Address: 802 MONROE ST.
City-St-Zip: IMMOKALEE, FL

Title: STD () Delete
Name: CONTRERAS, GLORIA,
Address: 802 MONROE ST.
City-St-Zip: IMMOKALEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONTRERAS, ANASTACIO,
Address: P.O. BOX 333
City-St-Zip: IMMOKALEE, FL 34143

Title: STD (X) Change () Addition
Name: CONTRERAS, GLORIA,
Address: P.O. BOX 333
City-St-Zip: IMMOKALEE, FL 34143

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.

SIGNATURE: ANASTACIO CONTRERAS

PD

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date