


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000058410 1. Entity Name DELONG TRUCKING, INC.						06 MAR -8 PM 4:10 SEC. TALL. STATE FLORIDA	
Principal Place of Business 8536 MOORE WOODS RD TALLAHASSEE, FL 32305				Mailing Address 8536 MOORE WOODS RD TALLAHASSEE, FL 32305			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3691170				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DELONG, IDA 8536 MOORE WOODS ROAD TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DELONG, IDA 8536 MOORE WOODS RD TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200068113582 03/20/06--01030--008 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DELONG, EMORY 8536 MOORE WOODS RD TALLAHASSEE, FL 32305			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 it 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>Mr. DeLong</i>				3-8-06 421-3450			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			