2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P01000019100

Entity Name: FORT MYERS TRUCK SERVICE, INC.

Current Principal Place of Business:

441 DEL PRADO BLVD NORTH
SUITE #8
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

PO BOX 150576
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 65-0831610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRIOLLO, MANUEL N
441 DEL PRADO BLVD NORTH
SUITE #8
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

CRIOLLO, MANUEL J
441 DEL PRADO BLVD NORTH
SUITE #8
CAPE CORAL, FL 33909 US

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: MANUEL J CRIOLLO 07/05/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CRIOLLO, MANUEL N
Address: 137 SE 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: CALDERON, JOSE
Address: 2202 SE 5TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: CRIOLLO, MANUEL J
Address: 1420 SE 4TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: CALDERON, RAFAEL
Address: 437 SE 13TH COURT
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MANUEL J CRIOLLO D 07/05/2006
Electronic Signature of Signing Officer or Director Date