2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000033035  1. Entity Naghe HAWK & CHEYENNE TRUCKING COMPANY, INC.				May 01, 2006 08:00 AM Secretary of State
Principal Place of Business Mailing Address		Mailing Address		
6519 NW COUNTY RD 340 BELL FL 32619		6518 NW COUNTY RD 3 BELL FL 32619	340	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
Crty & State		City & State		4. FEI Number 59-3711739 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
WHITE MOULEEL DOD			Name	
WHITE, MICHAEL D SR 6519 NW COUNTY RD 340 BELL FL 32619			Street Address	s (P.O. Box Number is Not Acceptable)
	2010		City	FL Zia 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 ubligations of registered agent.				
SIGNATURE	Signature, typed or punied name of registered agent	and lifte if applicable (NOTE, F	registefe Agent kagan Telatrige	fied when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10.	CFFICERS AND	1 a) yetherini	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DITLE NAME	PT WHITE, MICHAEL D SR 6519 NW COUNTY RD 340	☐ Oelote	TUTLE NAME STREET ADDRESS CVY-ST-ZP	UUU000551021 ☐ Change ☐ Addition U5/13/06-80082-025 150.00
TITLE NAML STREET ADDRESS CITY-ST-ZIP	VS MYER, LINDA H 6519 NW COUNTY RD 340 BELL FL 32619	☐ Delete	TIFLE HAME SIMEET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET AUDRESS CITY-ST-ZIP		☐ Defeto	TITLE NAME STREET AUDRESS CATY-ST-ZIP	☐ Change ☐ Adollion
THILE NAME STHEET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SYRECT ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET AUDRESS CITY: ST: AP		☐ Delete	TOLE NAME STREET ADDRESS CITY - ST- 2IP	☐ Change ☐ Addillon
TITLE NAME STRELI AUCIRESS CITY-ST-ZIP		☐ Dolete	INLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Male Dutter Communication in the certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes in Section 119, Florida Statutes