

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033045

Entity Name: KC & G TRUCKING, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

12638-1 PUMPKIN HILL RD.
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

12638-1 PUMPKIN HILL RD.
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3713594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, KEVIN
12638-1 PUMPKIN HILL RD.
JACKSONVILLE, FL 32226 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: PRITCHARD, KEVIN
Address: 12638-1 PUMPKIN HILL RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: VTD () Delete
Name: PRITCHARD, CHARLOTTE
Address: 12638-1 PUMPKIN HILL RD.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KEVIN PRITCHARD

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date