
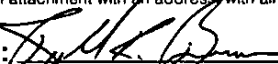


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000112617 1. Entity Name RON BRANNEN TRUCKING, INC.						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">06 FEB -9 PM 12:56</div> <div style="font-size: 12px; opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 24988 N.W. 22 AVE. LAWTEY, FL 32058				Mailing Address <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> POST OFFICE BOX 696 LAWTEY, FL 32058 </div> <div style="margin-left: 20px; font-style: italic;">No longer using</div>			
2. Principal Place of Business 24988 NW 22nd Ave		3. Mailing Address 24988 NW 22nd Ave		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lawtey FL		City & State Lawtey FL		4. FEI Number 59-3757980		Applied For <input type="checkbox"/> Not Applicable	
Zip 32058		Country USA		Zip 32058		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01092006 Chg-P CR2E034 (11/05) 06			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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	PD BRANNEN, RON 24786 NORTHWEST 22ND AVENUE LAWTEY, FL 32058 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brannen Ron 24988 NW 22nd Ave Lawtey FL 32058 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIOTT, BRUCE R 24786 NORTHWEST 22ND AVENUE LAWTEY, FL 32058 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIOTT, Bruce 6561 Sharron Rd Green Cove Springs FL 32043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANNEN, CECELIA 24786 NORTHWEST 22ND AVENUE LAWTEY, FL 32058 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Brannen Cecelia 24988 NW 22nd Ave Lawtey FL 32058 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800066553958 02/24/06--01012--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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:  RONALD K. BRANNEN Pres.				1-25-06 904-591-1450			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			