

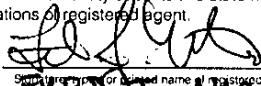
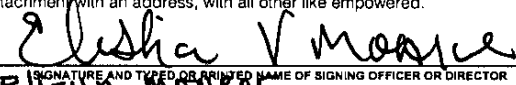


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90002 049 \*\*\*150.00

<b>DOCUMENT # P02000081127</b> 1. Entity Name <b>FRED J. NICOTRA TRUCKING, INC.</b>					
Principal Place of Business <b>325 VILLAGE TOWN CENTER DAVENPORT, FL 33836</b>			Mailing Address <b>P O BOX 2091 DAVENPORT, FL 33836</b>		
2. Principal Place of Business <b>204 Loma Desol Drive</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Davenport FL</b> Zip <b>33897</b>		City & State  Zip  Country		06282006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>54-2063168</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NICOTRA, FRED J 325 VILLAGE TOWN CENTER DAVENPORT, FL 33826</b>			7. Name and Address of New Registered Agent Name <b>Fred J. Nicotra</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 Loma Desol Drive</b> City <b>Davenport</b> FL Zip Code <b>33897</b>		
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  DATE <b>6/28/06</b> <small>Signature of or named name of registered agent, and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NICOTRA, FRED J <del>325 VILLAGE TOWN CENTER</del> <del>DAVENPORT, FL 33836</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Nicotra, Fred J 204 Loma Desol Drive Davenport FL 33897	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MONROE, ELISHA 2930 FLORIDA AVE KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Monroe, Elisha P.O. Box 451871 Kissimmee FL 34745	<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	 	<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
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:  <b>ELISHA MONROE</b>			6/28/06 407-709-8645 Date Daytime Phone		