


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000129517**

1. Entity Name  
 VOGEL TRUCKING, INC.



Principal Place of Business  
 2652 CORBIN GAINNEY ROAD  
 DEFUNIAK SPRINGS, FL 32435

Mailing Address  
 2652 CORBIN GAINNEY ROAD  
 DEFUNIAK SPRINGS, FL 32435



02232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 03-0497899

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VOGEL, O.P.  
 2652 CORBIN GAINNEY ROAD  
 DEFUNIAK SPRINGS, FL 32435

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VOGEL, O.P.
STREET ADDRESS	2652 CORBIN GAINNEY ROAD
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	D
NAME	VOGEL, DOROTHY
STREET ADDRESS	2652 CORBIN GAINNEY ROAD
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000247621  
 03/01/05-80025-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *O.P. Vogel* O.P. Vogel 3-29-05 850-892-0650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mtg Phone #