## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 08:00 AM Secretary of State

ANNUAL KEPUKI				Secretary of State			
DOCU	MENT # P03000111	Ser.	{	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	J • • ·	<del>-</del>	
1. Entity Nen	1. Entity Name DOTSON DUMP TRUCK & TRACTOR, INC.						
}				}			
Principal Plac	ce of Business	Mailing Address	<del></del>				
8801 BLISS		8801 BLISS ROAD		-			
GIBSONTON	, FL 33534 US	Gibsonton, FL 33534 US	S				
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DO NOT WRITE IN THIS SPA				04112006 No Chg-P CR2E034 (11/05)			
			CE	4. FEI Numb			Applied For
-				20-028			Not Applicabl
ļ				5. Certificate	of Status Desired		5 Additional
<del></del>	6. Name and Address of Current R	policioned Agent		1		Fee	Required:
<del> </del>	A MANUA SIN VARIABLE OF PALLBUT K	eAroresan whent	†				
RIVERVIEW FINANCIAL & ACCTG SVCS, INC.				DO	NOT W	RITE	
7039 US HWY 301 S RIVERVIEW, FL 33569							
NIVERVIEW, FL 33309			{	IN T	THIS SP	ACE	
}							
8 The above	a named antity submitte this statement for	the authors of the enints	rod office as espicial	ad agent of be	th in the State of Flor	ida Lamfamilia	ar with and scoon
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  Signature, typed or crimted name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
<del></del>					<del></del>		
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaign Final     Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	IRECTORS	1				<del> </del>
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NAME STREET ADDRESS	DOTSON, TERRY M	,	1				
CITY-ST-ZIP	GIBSONTON, FL 33534		1		20000055	82013	
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STREET ADDRESS			Į.				
CITY-ST-ZIP	<u> </u>		[				
12. I hereby a	certify that the information supplied with the	his filing does not qualify for the ex	emptions contained	in Chapter 119	), Florida Statutes. I fe	unher certify the	at the information
of the cor	certify that the information supplied with the control of supplemental report is to provide or or the receiver or trustee empower, or on an attachment with an address, with the control of the control o	vered to execute this report as requi th all other like empowered.	ired by Chapter 607	, Florida Statute	s; and that my name	appears in Bloc	ik 10 or Block 11 it

STRUCTURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR