


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000130019 1. Entity Name DOROTHY MARION TRUCKING, INC.	
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Principal Place of Business 210 EUGENIA AVE FT MYERS, FL 33916	Mailing Address 210 EUGENIA AVE FT MYERS, FL 33916
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2415730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARION, DOROTHY J 210 EUGENIA AVE FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARION, JOHN H 210 EUGENIA AVE FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS, JACQUELINE E 210 EUGENIA AVE FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARION, SAMUEL L 210 EUGENIA AVE FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/08/06-80063-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Dorothy J. Marion - Dorothy J. Marion 1-25-06 332-3733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #