



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000064315 1. Entity Name R.C.G. TRUCKING LINE, INC.					
Principal Place of Business 4554 TARGEE AVE. NORTH PORT, FL 34287			Mailing Address 4554 TARGEE AVE. NORTH PORT, FL 34287		
2. Principal Place of Business 171 CAYUGA ST. Suite, Apt. #, etc.		3. Mailing Address 171 CAYUGA ST. Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">05 SEP 15 AM 10:08</div> <div style="font-size: 14px; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">50066802</div> <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">50066802</div>  <div style="font-size: 12px; margin-top: 10px;">07072005 Chg-P CR2E034 (10/03)</div>	
City & State PORT CHARLOTTE Florida		City & State PORT CHARLOTTE FL			
Zip 33954		Country CHARLOTTE			
4. FEI Number 20-1503495		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALFORD, RALPH C 4554 TARGEE AVE. NORTH PORT, FL 34287		7. Name and Address of New Registered Agent Name RALPH C. CALFORD Street Address (P.O. Box Number is Not Acceptable) 171 CAYUGA ST. City PORT CHARLOTTE FL Zip Code 33954			
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 <u><i>Ralph C. Calford</i></u> DATE <u>9-10-05</u> <small>Signature, typed or printed name of registered agent and then if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD <input type="checkbox"/> Delete CALFORD, RALPH C 4554 TARGEE AVE. NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 24px; font-weight: bold; margin-top: 10px;">400059793784</div> <div style="font-size: 18px; margin-top: 5px;">09/20/05--01058--015 **150.00</div>		
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		
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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 exemption stated in Section 119.07(3)(i), 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: <u><i>Ralph C. Calford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		Date <u>9-10-05</u> Daytime Phone # <u>941-270-2736</u>			