


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90251 041 \*\*\*150.00

DOCUMENT # P04000064315			
1. Entity Name R.C.G. TRUCKING LINE, INC.			
Principal Place of Business 171 CAYUGA STREET PORT CHARLOTTE, FL 33954		Mailing Address 171 CAYUGA STREET PORT CHARLOTTE, FL 33954	
2. Principal Place of Business 2588 ATWATER DRIVE Suite, Apt. #, etc.		3. Mailing Address 2588 ATWATER DRIVE Suite, Apt. #, etc.	
City & State NORTH PORT, FL		City & State NORTH PORT FL	
Zip 34288	Country	Zip 34288	Country
6. Name and Address of Current Registered Agent CALFORD, RALPH C 171 CAYUGA STREET PORT CHARLOTTE, FL 33954		7. Name and Address of New Registered Agent Name: GOLFORD, RALPH C. Street Address (P.O. Box Number is Not Acceptable): 2588 ATWATER DRIVE City: NORTH PORT FL Zip Code: 34288	
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: <i>Ralph C. Golford</i> DATE: 4-29-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALFORD, RALPH C 4554 TARGEE AVE. NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2588 ATWATER DRIVE NORTH PORT, FL 34288
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 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: <i>Ralph C. Golford</i>		Date: 4-29-06 (991) 270-2736 Daytime Phone #	