

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90165 038 \*\*\*150.00

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1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P04000066081</b> 1. Entity Name <b>NESTOR TRUCKING SERVICE INC</b>					
Principal Place of Business <b>13945 COLLIER BLVD NAPLES FL 34119</b>			Mailing Address <b>13945 COLLIER BLVD NAPLES FL 34119</b>		
2. Principal Place of Business <b>13945 COLLIER BLVD</b> Suite, Apt. #, etc. <b>NAPLES FLORIDA</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>34119</b>		City & State		4. FEI Number <b>20-1041141</b>	
Zip <b>34119</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, NESTOR R 13945 COLLIER BLVD NAPLES FL 34119</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering) DATE <b>4/22/06</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, NESTOR 13945 COLLIER BLVD NAPLES FL 34119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE <b>6-14-06</b>					