

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90290 002 \*\*\*150.00

**60025770**



03212006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000072212</b>			
1. Entity Name DOINO CLASSIC TRANSPORTATION, INC.			
Principal Place of Business 601 E ELKAM CIR A6 MARCO ISLAND, FL 34145		Mailing Address 601 E ELKAM CIR A6 MARCO ISLAND, FL 34145	
2. Principal Place of Business 1775 SAN MARCO ROAD Suite, Apt. #, etc.		3. Mailing Address 1775 SAN MARCO ROAD Suite, Apt. #, etc.	
City & State MARCO ISLAND, FL Zip 34145 Country COLLIER		City & State MARCO ISLAND, FL Zip 34145 Country COLLIER	
4. FEI Number 32-0120022		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 DOINO, RONALD 601 E ELKAM CIRCLE A6 MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1775 SAN MARCO ROAD City MARCO ISLAND FL Zip Code 34145	
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>Ronald J. Doino, Jr.</u> Pres. DATE <u>4-7-06</u> <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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 DOINO, RONALD 601 E ELKAM CIRCLE MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1510 GALLEON AVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOINO, JENNIFER 601 E ELKAM CIRCLE MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1510 GALLEON AVE. MARCO ISLAND, FL 34145
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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
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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 officers, the empowered.			
SIGNATURE: <u>Ronald J. Doino, Jr.</u>		Date <u>4-7-06</u> Daytime Phone # <u>239-394-1888</u>	