

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90155 035 \*\*\*150.00

DOCUMENT # P04000072212	
1. Entity Name DOINO CLASSIC TRANSPORTATION, INC.	



Principal Place of Business <del>1755 SAN MARCO ROAD</del> MARCO ISLAND, FL 34145	Mailing Address <del>1755 SAN MARCO ROAD</del> MARCO ISLAND, FL 34145
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2. Principal Place of Business - No P.O. Box # <b>960 CHALMERS DR. #104</b>	3. Mailing Address <b>960 CHALMERS DR</b>
Suite, Apt. #, etc. <b>#104</b>	Suite, Apt. #, etc. <b>#104</b>

04212008 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 32-0120022	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DOINO, RONALD <del>1755 SAN MARCO ROAD</del> MARCO ISLAND, FL 34145	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>960 CHALMERS DRIVE</b> City <b>FL</b> Zip Code	
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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:	DATE: <b>4/30/08</b>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 DOINO, RONALD 1510 GALLEON AVE MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOINO, JENNIFER 1510 GALLEON AVE MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:	DATE: <b>4/30/08</b>	DAYTIME PHONE: <b>239 394-1888</b>
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