FILED
May 09, 2005 8:00 am
Secretary of State
04-13-2005 90062 017 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000097908

1. Entity Name
DAGO. C. TRUCKING CORP

Principal Place of Business	Mailing Address
215 NE 8TH PLACE CAPE CORAL, FL 33909	215 NE 8TH PLACE CAPE CORAL, FL 33909

66016279

03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1427 SW 4TH COURT		1427 SW 4TH COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CAPE CORAL, FL		City & State: CAPE CORAL, FL	
Zip: 33991	Country	Zip: 33991	Country

4. FEI Number: 20-1307606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, DAGOBERTO
215 NE 8TH PLACE
CAPE CORAL, FL 33909

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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 ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	CARRILLO, DAGOBERTO	
STREET ADDRESS	215 NE 8TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	V	☐ Delete
NAME	CREMADES, CLARA B	
STREET ADDRESS	215 NE 8TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: x Camil[illegible] 5-04-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #