

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90153 030 ***150.00

DOCUMENT # P04000097908
 1. Entity Name
 DAGO. C. TRUCKING CORP



Principal Place of Business Mailing Address
 1427 SW 4TH COURT 1427 SW 4TH COURT
 CAPE CORAL, FL 33991 CAPE CORAL, FL 33991

50012312



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 20-1307606 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
 CARRILLO DAGOBERTO
 Street Address (P.O. Box Number is Not Acceptable)
 1427 SW 4TH CT
 City CAPE CORAL FL Zip Code 33991

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 * *[Signature]* DATE

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CARRILLO, DAGOBERTO	215 NE 8TH PLACE	CAPE CORAL, FL 33909	<input type="checkbox"/>
V	CREMADES, CLARA B	215 NE 8TH PLACE	CAPE CORAL, FL 33909	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	CARRILLO DAGOBERTO	1427 SW 4TH CT	CAPE CORAL FL 33991	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	CREMADES CLARA B.	1427 SW 4TH CT	CAPE CORAL FL 33991	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: * *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3-14-06 Daytime Phone (239) 229 0505