


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000146423</b>		
1. Entity Name F.G.N. TRUCKING, INC.		
Principal Place of Business 2196 BULLS BAY HWY JACKSONVILLE, FL 32220		Mailing Address 2196 BULLS BAY HWY JACKSONVILLE, FL 32220
<b>DO NOT WRITE IN THIS SPACE</b>		
		02082006 No Chg-P CR2E034 (11/05)
4. FEI Number 20-1785475		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  NORMAN, FLOYD 846 SW MAIN BLVD LAKE CITY, FL 32025		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		00000012001 04/29/06-80093-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORMAN, FLOYD 2196 BULLS BAY HWY JACKSONVILLE, FL 32220	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, SHIRLEY 2196 BULLS BAY HWY JACKSONVILLE, FL 32220	
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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: <u>Shirley J Jones</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-10-06 Date 904-449-0492 Daytime Phone #