

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90272 011 ***150.00

DOCUMENT # P04000173038

1. Entity Name
PICON TRUCKING INC.



Principal Place of Business Mailing Address

**2306 ORANGE ST
 LEHIGH ACRES FL 33972
 US** **2306 ORANGE ST
 LEHIGH ACRES FL 33972
 US**

2. Principal Place of Business 3. Mailing Address

2901 POMPINO DR **2901 POMPINO DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sebring FL **Sebring FL**

Zip Country Zip Country

33870 **Highland** **33870** **Highland**



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**PICON, CARLOS M SR
 2306 ORANGE ST
 LEHIGH ACRES FL 33972**

4. FEI Number Applied For

20 2069836 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Picon Carlos M**

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

2901 POMPINO DR

City **Sebring** FL Zip Code **33870**

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 **Carlos M. Picon** (NOTE: Registered Agent signature required when reinstating) DATE **4/21/06**

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PICON, CARLOS M SR	
STREET ADDRESS	2306 ORANGE ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CRUZ, TAMARA MRS.	
STREET ADDRESS	2306 ORANGE ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Carlos M. Picon** DATE **4/21/06** (239) 462-6274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #