

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90027 040 ***150.00

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1. Entity Name
ASN TRUCKING, INC.

Principal Place of Business
**3041 EAGLE HAVEN DRIVE
 WINTER HAVEN, FL 33880**

Mailing Address
**3041 EAGLE HAVEN DRIVE
 WINTER HAVEN, FL 33880**

50007185



2. Principal Place of Business

3. Mailing Address

PO Box 990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006

Chg-P

CR2E034 (11/05)

City & State

City & State
Eagle Lake, Florida

4. FEI Number

04-3809293

Applied For
 Not Applicable

Zip

Country

Zip

33839

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, SCOTT C
 3041 EAGLE HAVEN DRIVE
 WINTER HAVEN, FL 33880**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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: **ROGERS, SCOTT C**
 STREET ADDRESS: **3041 EAGLE HAVEN DRIVE**
 CITY-ST-ZIP: **WINTER HAVEN, FL 33880**

TITLE: V Delete
 NAME: **ROGERS, CHRISTINA J**
 STREET ADDRESS: **3041 EAGLE HAVEN DRIVE**
 CITY-ST-ZIP: **WINTER HAVEN, FL 33880**

TITLE: S Delete
 NAME: **ROGERS, CHRISTINA J**
 STREET ADDRESS: **3041 EAGLE HAVEN DRIVE**
 CITY-ST-ZIP: **WINTER HAVEN, FL 33880**

TITLE: T Delete
 NAME: **ROGERS, CHRISTINA J**
 STREET ADDRESS: **3041 EAGLE HAVEN DRIVE**
 CITY-ST-ZIP: **WINTER HAVEN, FL 33880**

TITLE: CEO Delete
 NAME: **ROGERS, SCOTT C**
 STREET ADDRESS: **3041 EAGLE HAVEN DRIVE**
 CITY-ST-ZIP: **WINTER HAVEN, FL 33880**

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
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 STREET ADDRESS:
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 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 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: *Christina Rogers* **Christina Rogers** **3/27/06** **8632928306**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #