


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-30-2006 90027 040 \*\*\*150.00

**DOCUMENT # P05000041891**

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  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 990**  
 Suite, Apt. #, etc.

03022006 Chg-P CR2E034 (11/05)

City & State  
**Eagle Lake, Florida**

City & State  
**Eagle Lake, Florida**

Zip  
**33839**

Country  
**USA**

4. FEI Number  
**04-3809293**

Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROGERS, SCOTT C</b> <b>3041 EAGLE HAVEN DRIVE</b> <b>WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROGERS, CHRISTINA J</b> <b>3041 EAGLE HAVEN DRIVE</b> <b>WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROGERS, CHRISTINA J</b> <b>3041 EAGLE HAVEN DRIVE</b> <b>WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROGERS, CHRISTINA J</b> <b>3041 EAGLE HAVEN DRIVE</b> <b>WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>ROGERS, SCOTT C</b> <b>3041 EAGLE HAVEN DRIVE</b> <b>WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #