

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90503 001 \*\*\*\*\*8.75  
04-24-2006 90503 002 \*\*\*150.00

66011372



<b>DOCUMENT # P05000075004</b> 1. Entity Name <b>GAT TRUCKING, INC.</b>					
Principal Place of Business <b>405 SW 29 AVE</b> <b>CAPE CORAL, FL 33991 US</b>			Mailing Address <b>405 SW 29 AVE</b> <b>CAPE CORAL, FL 33991 - US</b>		
2. Principal Place of Business <b>405 SW 29 AVE</b>		3. Mailing Address <b>405 SW 29 AV</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04042006 Chg-P CR2E034 (11/05)	
City & State <b>CAPE CORAL FL.</b>		City & State <b>CAPE CORAL FL</b>		4. FEI Number <b>20 289 0572</b>	
Zip <b>33991</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TINOCO, JORGE A</b> <b>405 SW 29 AVE</b> <b>CAPE CORAL, FL 33991</b>			7. Name and Address of New Registered Agent Name <b>Jorge A. Tinoco</b> Street Address (P.O. Box Number is Not Acceptable) <b>405 S.W. 29 AV</b> City <b>CAPE CORAL FL</b> Zip Code <b>33991</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 <u><i>Jorge A. Tinoco</i></u> DATE <u>04-18-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TINOCO, JORGE A</b> <b>405 SW 29 AVE</b> <b>CAPE CORAL, FL 33991</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TINOCO, NURY R</b> <b>405 SW 29 AVE</b> <b>CAPE CORAL, FL 33991</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TINOCO, MARIA G</b> <b>405 SW 29 AVE</b> <b>CAPE CORAL, FL 33991</b> <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u><i>Jorge A. Tinoco</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04-18-2006</u> Daytime Phone # <u>(239)645-9540</u>		