


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90112 009 \*\*\*158.75

<b>DOCUMENT # P05000077358</b> 1. Entity Name <b>LANZA NAPLES TRUCKING CORP.</b>					
Principal Place of Business <b>3380 20TH AVENUE NE NAPLES, FL 34120</b>			Mailing Address <b>3380 20TH AVENUE NE NAPLES, FL 34120</b>		
2. Principal Place of Business <b>3380 20th Ave NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3380 20th Ave NE</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b> Zip <b>34120</b>		City & State <b>Naples FL</b> Zip <b>34120</b>		4. FEI Number <b>202911451</b>	
Country <b>USA / Collier</b>		Country <b>Collier</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>LANZA, XIOMARA J 3380 20TH AVENUE NE NAPLES, FL 34120</b>			7. Name and Address of New Registered Agent Name <b>Xiomara J. Lanza</b> Street Address (P.O. Box Number is Not Acceptable)  <b>3380 20th Ave NE</b> City <b>Naples FL</b> Zip Code <b>34120</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>Xiomara Lanza</i></u> DATE <u>2/25/06</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 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	P <b>LANZA, JORGE F</b> <b>3380 20TH AVENUE NE</b> <b>NAPLES, FL 34120</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	VP <b>LANZA, XIOMARA J</b> <b>3380 20TH AVENUE NE</b> <b>NAPLES, FL 34120</b> <input type="checkbox"/> Delete		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	SECR <b>LANZA, XIOMARA J</b> <b>3380 20TH AVENUE NE</b> <b>NAPLES, FL 34120</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	
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>Xiomara Lanza</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/25/06</u> Daytime Phone # <u>(239) 3461296</u>		