

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 046 ***158.75

DOCUMENT # P05000129428

1. Entity Name
NAPER TRUCKING INC.



Principal Place of Business
**21262 MULLBERRY AVENUE
PORT CHARLOTTE, FL 33952**

Mailing Address
**21262 MULLBERRY AVENUE
PORT CHARLOTTE, FL 33952**

2. Principal Place of Business

23035 Harper Ave.

3. Mailing Address

23035 Harper Ave.

Suite, Apt. #, etc.

Apt. A

Suite, Apt. #, etc.

Apt. A

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33980

Country

USA

Zip

33980

Country

USA

02202006

Chg-P

CR2E034 (11/05)

4. FEI Number

51-0553834

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERSAUD, SEWNARINE N
21262 MULLBERRY AVENUE
PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name **Persaud, Sewnarine N**

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

23035 Harper Ave.

Apt. A

City

Port Charlotte

FL

Zip Code

33980

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

Sewnarine Persaud **3/8/06**

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 **PERSAUD, SEWNARINE N**
STREET ADDRESS **21262 MULLBERRY AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **VP** ☐ Delete
NAME **PERSAUD, SARADA**
STREET ADDRESS **21262 MULLBERRY AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **SEC** ☐ Delete
NAME **PERSAUD, RABISHWARI**
STREET ADDRESS **21262 MULLBERRY AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Persaud, Sewnarine N**
STREET ADDRESS **23035 Harper Ave. Apt. A**
CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE **VP** ☒ Change ☐ Addition
NAME **Persaud, SARADA**
STREET ADDRESS **23035 Harper Ave. Apt. A**
CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE **SEC** ☒ Change ☐ Addition
NAME **Persaud, Rabishwari**
STREET ADDRESS **23035 Harper Ave. Apt. A**
CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Sewnarine Persaud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

Date

Daytime Phone #