

2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

06 SEP 19 PM 3:51

CLERK OF STATE
TALLAHASSEE, FLORIDA



09072006 Chg-P CR2E034 (11/05)

DOCUMENT # P07687					
1. Entity Name AAA COOPER TRANSPORTATION, INC.					
Principal Place of Business 1751 KINSEY ROAD DOTHAN, AL 36303			Mailing Address P.O. BOX 6827 DOTHAN, AL 36302		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 63-0364620	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOVE, REID B		NAME	700080087007	
STREET ADDRESS	1751 KINSEY ROAD		STREET ADDRESS	09/22/06--01045--003 **150.00	
CITY-ST-ZIP	DOTHAN, AL 36803		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROY, J. STEVEN		NAME		
STREET ADDRESS	1751 KINSEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARKLEY, JAMES E.		NAME		
STREET ADDRESS	1751 KINSEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARCE, FRED J		NAME		
STREET ADDRESS	1751 KINSEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOVE, G. MACK		NAME		
STREET ADDRESS	1751 KINSEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36303		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 9/11/06 (234) 793-2284		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

XC 9/21