


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90077 024 ***550.00

DOCUMENT # P93000034127			
1. Entity Name COTHRON TRUCKING, INC.			
Principal Place of Business 900 OLD CAMBEE ROAD BOX 1768 LAKELAND, FL 33805 US		Mailing Address 900 OLD CAMBEE ROAD BOX 1768 LAKELAND, FL 33805 US	
2. Principal Place of Business 900 Old Cambec Rd Suite, Apt. #, etc. Box 1768 City & State Lakeland FL Zip 33805 Country USA		3. Mailing Address 900 Old Cambec Rd Suite, Apt. #, etc. Box 1768 City & State Lakeland FL Zip 33805 Country USA	
4. FEI Number 59-3180795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTHRON, GAIL 900 OLD CAMBEE ROAD BOX 1768 PLANT CITY, FL 33566		7. Name and Address of Now Registered Agent	
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 _____	
<p>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CATHRON, GAIL 900 OLD CAMBEE ROAD, BOX 1768 PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Cothron, Gail 900 Old Cambec Rd, Box 1768 Lakeland FL 33805 <input checked="" 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
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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>Gail Cothron</u>		Date: <u>08-15-2006</u> Daytime Phone #: <u>(813) 961-3699</u>	

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