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.				08-18-2006	90077 024 ***550.00	
Principal Plac 900 OLD CAI BOX 1768 LAKELAND, F		Mailing Address 900 OLD CAMBEE ROAD BOX 1768 LAKELAND, FL 33805	US	1 10 11 10 11 11 11 12 14 11 11 11 11 11 11 11 11 11 11 11 11	50025527	
2. Principal Place of Business 900 014 Combec Rd 900 014 Com			mboe Rd			
Suite, Apt.	168	Suite, Apt. #, etc.		08032006 Chg-P	CR2E034 (11/05)	
City & Stat		City & State	K I	4. FEI Number 59-3180795	Applied For Not Applicable	
33905		3880S	Country A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6Name and Address of Current	Registered Agent	Name	7. Name and Address of New R	egistored Agent	
COTHRON, GAIL 900 OLD CAMBEE ROAD			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
BOX 1768 PLANT CI	TY, FL 33566					
			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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					DATE	
file NOWIII FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFF		
NAME STREET ADDRESS CITY-ST-ZIP	PSTD CATHRON, GAIL 900 OLD CAMBEE ROAD, BOX PLANT CITY, FL 33566	□ Deleta	NAME STREET ADDRESS	STD Bothrun, Gail NO 01d Combee Ri OKeland Yl 3380	Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
CITY-ST-ZIP	Disas socie	sk - this	omes Emi	tim was pear.	ded on the	
NAME	2005 upont.	☐ Defete	TITLE NAME STREET ADDRESS	\	Change Addition	
STREET ADDRESS CITY-ST-ZIP	Notice Was &	e el hurson	STREET ADDRESS	muster media	& due to income	
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NAME STREET ADDRESS CITY+ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP			
TITLE		☐ Detete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			

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.

SIG	ΝΔΤ	URE:
010	1171	OIL.

08-15-2006