

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90039 010 ***150.00

DOCUMENT # P97000023082

1. Entity Name
ROGER DAVIS TRUCKING, CORP.



Principal Place of Business Mailing Address
1320 YORKTOWN ST **1320 YORKTOWN ST**
DELAND, FL 32724 **DELAND, FL 32724**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



02092006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3447168 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, DIAN
4671 SOUTH TOMOKA DRIVE
DELEON SPRINGS, FL 32130

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 _____ (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 | <input type="checkbox"/> Delete |
| NAME | DAVIS, ROGER O | |
| STREET ADDRESS | 280 N KEPLER RD | |
| CITY-ST-ZIP | DELAND, FL 32724 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | DAVIS, JENNIFER | |
| STREET ADDRESS | 1739 W PARKWAY | |
| CITY-ST-ZIP | DELAND, FL 32724 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, DIAN | |
| STREET ADDRESS | 4671 S TOMOKA DR | |
| CITY-ST-ZIP | DELEON SPRINGS, FL 32130 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Davis, Jennifer | |
| STREET ADDRESS | 4667 S. TOMOKA DR | |
| CITY-ST-ZIP | DELEON SPRINGS, FL 32130 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **2-9-2006** **386-740-7343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone