

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90464 003 \*\*\*150.00

<b>DOCUMENT # P98000107912</b>	
1. Entity Name <b>OVERSEAS TRUCKING &amp; BOBCAT INC.</b>	

Principal Place of Business <b>555 ST. CROIX PLACE KEY LARGO FL 33037</b>	Mailing Address <b>P O BOX 2494 KEY LARGO FL 33037</b>
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business <b>555</b>	3. Mailing Address <b>P.O. Box 2494</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Key Largo FL</b>	City & State <b>Key Largo FL</b>	4. FEI Number <b>65-0884184</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33037</b>	Country <b>USA</b>	Zip <b>33037</b>	Country <b>MONDOE</b>

6. Name and Address of Current Registered Agent <b>FERNANDEZ, CARLOS 327 KING AVENUE KEY LARGO FL 33037</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: Carlos Fernandez (NOTE: Registered Agent signature required when reinstating) DATE: **4-10-06**

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00.**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>P FERANDEZ, CARLOS 327 KING AVENUE KEY LARGO FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carlos Fernandez DATE: **4-10-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #