

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90149 012 ***150.00

DOCUMENT # V65375

1. Entity Name

DAVE CASON TRUCKING, INC.



Principal Place of Business

8605 137TH RD
LIVE OAK FL 32060
US

Mailing Address

8605 137TH RD
LIVE OAK FL 32060
US



2. Principal Place of Business

DAVE CASON TRUCKING INC

Suite, Apt. #, etc.
17474 129TH RD

City & State
MCALPIN, FL

Zip Country
32062 SUWANNEE

3. Mailing Address

DAVE CASON TRUCKING INC

Suite, Apt. #, etc.
17474 129TH RD

City & State
MCALPIN, FL

Zip Country
32062 SUWANNEE

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3140522

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASON, DAVID K
8605 137TH RD
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name CASON, DAVID K

Street Address (P.O. Box Number is Not Acceptable)

17474 129TH RD

City MCALPIN

FL

Zip Code

32062

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

David K Cason DAVID K CASON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-06

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

TITLE PD ☐ Delete
NAME CASON, DAVID K.
STREET ADDRESS 8605 137TH RD
CITY-ST-ZIP LIVE OAK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME CASON, DAVID K
STREET ADDRESS 17474 129TH RD
CITY-ST-ZIP MCALPIN, FL 32062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

David K Cason DAVID K CASON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06

Date

Daytime Phone #

386 362 2419