2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM

DOCUMENT # 698806 1. Entity Name NATIONAL TRANSPORT, INC.				Secretary of State			
Principal Place 2161 KRAPE	RD	failing Address 2161 KRAPE RD			·		
NAPLES, FL	34120 US	NAPLES, FL 34120 US					
				01162007	No Chg-P	CR2E	034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 59-219			Applied For Not Applicable
			an an analysis	5. Certificate	of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent					
FARESE, LAWRENCE A 3411 TAMIAMI TRAIL NORTH, STE 204 NAPLES, FL 33940			DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE.	named entity submits this statement for the tions of registered agent. Signston, hipped or printed name of registered agent and the		red office or regists		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5 Trust Fund Contribution. Add Add Add Add Add Add Add A		.00 May Be led to Fees	02/01/07-	-80064	-025 150.00
10.	OFFICERS AND DIRE	ECTORS .					·
TITLE NAME	DP KRAPE, GLENN W.						
STREET ADDRESS	2161 KRAPE ROAD						
CITY-ST-ZIP	NAPLES, FL						
TIME			1				
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS			I	~	MOT 15	[] [F Qualit
CITY-ST-ZIP			İ	טט	NOT W	KII	
TITLE			1	INI '	THIS SE	240	F

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 occivel politustee 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:

SIGNATURE;

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIIL NAME STREET ADDRESS CITY-ST-ZIP

MANUAL AND TO THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

139. Daytime Phone #