
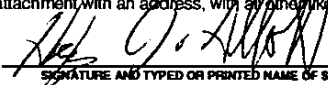


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90463 049 \*\*\*150.00

DOCUMENT # F0100003902					
1. Entity Name USA TRANSPORTATION SERVICES, INC.					
Principal Place of Business 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE, TN 37212		Mailing Address 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE, TN 37212			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1861887	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBOTT, HENRY J		NAME		
STREET ADDRESS	2401 21ST AVE S SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARELL, JR., MONROE		NAME		
STREET ADDRESS	2401 21ST AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BODENHAMER, WILLIAM		NAME		
STREET ADDRESS	2401 21ST AVE S SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, MARK		NAME	Jeff Heavin	
STREET ADDRESS	3502 21ST AVENUE SOUTH		STREET ADDRESS	2401 21st Ave S.	
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP	Nashville, TN 37212	
TITLE	COO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EADS, EMANUEL		NAME		
STREET ADDRESS	3502 21ST AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Henry J. Abbott		4/27/05 615-297-4255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	