

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90007 002 ***558.75

DOCUMENT # J22199
 1. Entity Name
 CENTURION AUTO TRANSPORT, INC.



Principal Place of Business Mailing Address
 5912 NEW KINGS ROAD 5912 NEW KINGS ROAD
 JACKSONVILLE, FL 32209 US JACKSONVILLE, FL 32209 US

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2708755 Not Applicable

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

6. Name and Address of Current Registered Agent

James A. Nolan III, P.A.
 St. Johns Professional Center
 4114 Herschel St., Suite 105
 Jacksonville, FL 32210

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHAFER, HAROLD A.
STREET ADDRESS	5912 NEW KINGS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VP
NAME	SHAFER, VICKI
STREET ADDRESS	5912 NEW KINGS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harold A. Shafer Date: 7/1/04 Daytime Phone #: 904-766-8520

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