


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90120 024 ***150.00

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DOCUMENT # M86673			
1. Entity Name FUN TRANSPORTS, INC.			
Principal Place of Business 7029 NUNDY AVE. GIBSONTON, FL 33534		Mailing Address PO BOX 1929 GIBSONTON, FL 33534	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03282005		Chg-P	CR2E034 (10/03)
4. FEI Number 59-2895492		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		7. Name and Address of New Registered Agent	
JONES, STEPHEN W C/O WALKER & ASSOC. CPA, PA 211 GO-DALE MABRY HIGHWAY TAMPA, FL 33609		Name Street Address (P.O. Box Number is Not Acceptable) 12157 West Linebaugh Ave. #174 City Tampa FL Zip Code 33626	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 <input type="checkbox"/> Delete NAME BP MYERS, WILLIAM R STREET ADDRESS 7029 NUNDY AVE. CITY-ST-ZIP GIBSONTON, FL 33534	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DPT STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME BV STARKEY, DAVID EARL STREET ADDRESS 7029 NUNDY AVE. CITY-ST-ZIP GIBSONTON, FL 33534	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DVS STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Delete NAME DST STARKEY, RICHARD H STREET ADDRESS 7029 NUNDY AVE. CITY-ST-ZIP GIBSONTON, FL 33534	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>William R. Myers</i>		Date: 3/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813-622-2782	