

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059536

FILED
Mar 23, 2005
Secretary of State

Entity Name: GUPPY'S MOBILE/MODULAR TRANSPORT INC.

Current Principal Place of Business:

8808 FLORIDA ROCK RD.
SUITE 205
ORLANDO, FL 32824

New Principal Place of Business:

8808 FLORIDA ROCK RD.
ORLANDO, FL 32824

Current Mailing Address:

8808 FLORIDA ROCK RD.
SUITE 205
ORLANDO, FL 32824

New Mailing Address:

P.O. BOX 771986
ORLANDO, FL 32877

FEI Number: 59-3725540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASILESKI, CARL
507 PALM AVENUE
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUPPENBERGER, DANIEL
Address: 8808 FLORIDA ROCK RD. SUITE 205
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUPPENBERGER, DANIEL
Address: 8808 FLORIDA ROCK RD.
City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL GUPPENBERGER

D

03/23/2005

Electronic Signature of Signing Officer or Director

_____ Date