

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000015823 1. Entity Name GMG TRANSPORTATION, INC.					
Principal Place of Business 3507 S. DIAMOND AVENUE INVERNESS, FL 34452 US			Mailing Address 3507 S. DIAMOND AVENUE INVERNESS, FL 34452 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0620148	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAY, MARY A 3507 S. DIAMOND AVENUE INVERNESS, FL 34452				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2006		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, MARY A 3507 S. DIAMOND AVENUE INVERNESS, FL 34452	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP U000000557717 05/17/06-80063-018 150.00	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY, GEORGE E 3507 S. DIAMOND AVENUE INVERNESS, FL 34452	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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>Mary A Gray</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR			4/28/06 (352) 637-0261 Date Time Phone		