


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000035828

1. Entity Name
PRO TRANSPORT TAMPA, INC.



Principal Place of Business
**1717 SOUTH 50TH STREET
 TAMPA, FL 33619**

Mailing Address
**1717 SOUTH 50TH STREET
 TAMPA, FL 33619**

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1639043

5. Certificate of Status Desired **\$6.75** Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**HALL, W. CRAIG
 4830 W. KENNEDY BLVD.
 SUITE 750
 TAMPA, FL 33609**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D ACHARANDIO, OSCAR 17657 S.W. 20TH STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S STEPHENSON, ROBERT 1717 SOUTH 50TH STREET TAMPA, FL 33619
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 04/13/06-80009-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **ROBERT C. STEPHENSON** **03/28/06** **813/241-6576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #