

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 013 ***150.00

20057338



DOCUMENT # P04000143884
 1. Entity Name
NETCO TRANSPORTATION, INC.



Principal Place of Business: **6438 E. COLONIAL DRIVE ORLANDO, FL 32807**
 Mailing Address: **SOLUTIONS BUSINESS SERVICES, INC. 3411 N. HIGHWAY 19A MOUNT DORA, FL 32757**

Principal Place of Business: **6438 E. COLONIAL DRIVE ORLANDO, FL 32807**
 3. Mailing Address: **SOLUTIONS BUSINESS SERVICES, INC. 3411 N. HIGHWAY 19A MOUNT DORA, FL 32757**

Suite, Apt. #, etc.: **5**

City & State: **ORLANDO, FL**

Zip: **32807** Country: **USA**

04272005 Chg-P CR2E034 (10/03)

4. FEI Number: **20-1787963**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
SOLUTIONS BUSINESS SERVICES, INC.
3411 N. HIGHWAY 19A
ORLANDO, FL 32757

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: VP	<input type="checkbox"/> Delete
NAME: YILDIRIM, SAVAS	
STREET ADDRESS: 9640 LUPINE AVENUE	
CITY-ST-ZIP: ORLANDO, FL 32824	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YILDIRIM, SAVAS	
STREET ADDRESS: 9640 LUPINE AVENUE	
CITY-ST-ZIP: ORLANDO, FL 32824	
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: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: *Savas Yildirim* **SAVAS YILDIRIM** 4/26/05 352-385-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #