2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90084 019 ***163.75

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DOCUMENT # P06000003247

1. Entity Name
SOUTHERN INDEPENDENT TRANSPORT, INC.

Principal Place of Business	Mailing Address
5243 GALL BLVD SUITE 4 ZEPHYRHILLS, FL 33542	5243 GALL BLVD SUITE 4 ZEPHYRHILLS, FL 33542

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2653 Buchman Hwy	2653 Buchman Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills, Fl	City & State: Zephyrhills, Fl
Zip: 33540 Country: USA	Zip: 33540 Country: USA

4. FEI Number: 20 4082964 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TYLER, DANNY J 3512 NORTH WILDER ROAD PLANT CITY, FL 33565	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 [signature] 2-22-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPECTH, JOSEPH 5243 GALL BLVD, SUITE 4 ZEPHYRHILLS, FL 33542	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Specht, Joseph 2653 Buchman Hwy Zephyrhills, Fl. 33540	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYLER, DANNY 5243 GALL BLVD, SUITE 4 ZEPHYRHILLS, FL 33542	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tyler, Danny 2653 Buchman Hwy Zephyrhills, Fl 33540	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Danny J. Tyler 2-22-07 813 478 2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #