

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90084 019 ***163.75

DOCUMENT # P06000003247	
1. Entity Name SOUTHERN INDEPENDENT TRANSPORT, INC.	

Principal Place of Business 5243 GALL BLVD SUITE 4 ZEPHYRHILLS, FL 33542	Mailing Address 5243 GALL BLVD SUITE 4 ZEPHYRHILLS, FL 33542
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20005530

2. Principal Place of Business - No P.O. Box # 2653 Buchman Hwy	3. Mailing Address 2653 Buchman Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.



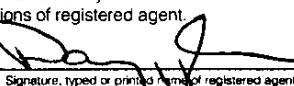
02222007 Chg-P CR2E034 (12/06)

City & State Zephyrhills, FL	City & State Zephyrhills, FL	4. FEI Number 204082964	Applied For Not Applicable
Zip 33540	Country USA	Zip 33540	Country USA
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.

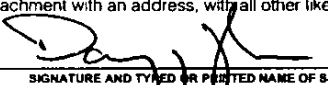
SIGNATURE  DATE **2-22-07**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees
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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 reported.

SIGNATURE:  **Danny J. Tyler** **2-22-07** **813 498 2216**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #