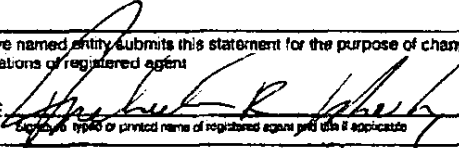
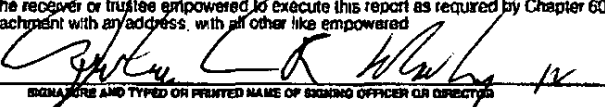


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90302 025 ***150.00

DOCUMENT # V18045			
1. Entity Name TYMES TWO TRANSPORT, INC.			
Principal Place of Business 424 SADDLE BAY LOOP OCOE, FL 34761 US		Mailing Address P. O. BOX 759 OCOE, FL 34761 US	
2. Principal Place of Business 1604 ST. LAWRENCE ST		3. Mailing Address Suite, Apt #, etc	
City & State ORLANDO, FL		City & State	
Zip 32818	Country ORANGE	Zip	Country
4. FEI Number 59-3112483		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSELEY, FREDERICK R., IV 424 SADDLE BAY LOOP OCOE, FL 34761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1604 ST. LAWRENCE ST City ORLANDO FL Zip Code 32818	
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: 4-15-05	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSELEY, FREDERICK IV 424 SADDLE BAY LOOP OCOE, FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDSTD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOSELEY, BETSY D. 424 SADDLE BAY LOOP OCOE, FL 34761 ☒ 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
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 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: 		DATE: 4-15-05 DAYTIME PHONE: 401-353-5800	

50043476



03282005 Chg-P CR2E034 (10/03)