


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # F92714		
1. Entity Name GENERAL TRANSPORT, INC.		
Principal Place of Business 1313 HAINES STREET JACKSONVILLE, FL 32206	Mailing Address 1313 HAINES STREET JACKSONVILLE, FL 32206	



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2233151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLAMM, MARTIN A
 13746 MARSH HARBOUR DR N.
 JACKSONVILLE, FL 32225

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D FLAMM, SUZANNE M 13746 MARSH HARBOUR DR N. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAMM, MARTIN A 13746 MARSH HARBOUR DR N. JACKSONVILLE, FL 32225
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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: Martin A. Flamm MARTIN A. FLAMM PMS 1/7/08 904-356-2876

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