


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 275630</b>	
1. Entity Name FLORIDA TRANSPORT ENTERPRISES, INC.	

Principal Place of Business 194 WILL DUKE ROAD P. O. BOX 1087 WAUCHULA, FL 33873 US	Mailing Address P. O. BOX 1087 WAUCHULA, FL 33873 US
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1022847	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 00000000 0000 000000
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6. Name and Address of Current Registered Agent  DAVIS, EDGAR L. 194 WILL DUKE ROAD RT. 3 WAUCHULA, FL 33873
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 000000 0000000000
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, EDGAR L 194 WILL DUKE RD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, KEITH PO BOX 1413 WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEST, CHUCK PO BOX 203 WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEST, GAIL D. 238 S. BAILEY ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000348262 05/02/05-80017-023 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Chuck Best    4-25-05    863.773.4159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #