

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81809

FILED
Feb 03, 2005
Secretary of State

Entity Name: SUNBELT AUTO CARRIERS CORPORATION, INC.

Current Principal Place of Business:

681 HWY.17-92
P O BOX 206
DEBARY, FL 327137206

New Principal Place of Business:

Current Mailing Address:

681 HWY.17-92
P O BOX 206
DEBARY, FL 327137206

New Mailing Address:

FEI Number: 59-2193568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, BRUCE
681 HWY 17-92
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWRENCE, BRUCE L.,
Address: 25110 SHETLAND TRAIL
City-St-Zip: SORRENTO, FL 32776

Title: T () Delete
Name: LAWRENCE, GRETA A.,
Address: RT. 4, BOX 270
City-St-Zip: CHIPLEY, FL

Title: S () Delete
Name: LAWRENCE, JUNE P.,
Address: 25110 SHETLAND TRAIL
City-St-Zip: SORRENTO, FL 32776

Title: VP () Delete
Name: LAWRENCE, JUNE P
Address: 25110 SHOTLAND TRAIL
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LAWRENCE

P

02/03/2005

Electronic Signature of Signing Officer or Director

_____ Date