

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F89376

1. Entity Name
PAN AMERICAN TRANSPORT, INC.



FILED FILED
05 MAR -3 AM 11:17
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1420 GOLF TERRACE DRIVE
TALLAHASSEE, FL 32301 US

Mailing Address
1420 GOLF TERRACE DRIVE
TALLAHASSEE, FL 32301 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2202138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKENZIE, W. GUY JR.
1420 GOLF TERRACE DR
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P ☐ Delete
NAME MCKENZIE JR, W. GUY
STREET ADDRESS 1420 GOLF TERRACE DR
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S ☐ Delete
NAME MCKENZIE, BRIGITTE R
STREET ADDRESS 1420 GOLF TERRACE DR
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VP ☐ Delete
NAME MCKENZIE, W. GUY III
STREET ADDRESS 1420 GOLF TERRACE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600048059946
03/09/05--01051--006 **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

W. Guy MCKENZIE, JR. - PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.3.05

Date

850-224-4743

Daytime Phone #