


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90391 001 ***750.00

DOCUMENT # K72200	
1. Entity Name GUSTAFSON'S TRANSPORTATION COMPANY	

Principal Place of Business 4169 COUNTY ROAD 15A GREEN COVE SPRINGS, FL 32043 US	Mailing Address P.O. BOX 338 GREEN COVE SPRINGS, FL 32043-0338 US
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66418955



2. Principal Place of Business 50 North Laura Street		3. Mailing Address P.O. Box 40086	
Suite, Apt. #, etc. Suite 2750		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32202	Country USA	Zip 32203-0086	Country USA

04222004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2935764		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRANT ABRAHAM REITER & MCCORMICK PA 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GUSTAFSON, E.S., JR HIGHWAY 16 WEST GREEN COVE SPRGS FL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P,T,VP,S Gustafson, E.S., Jr. State Hwy. 16 West Green Cove Springs, Florida 32043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GUSTAFSON, E. S. <input checked="" type="checkbox"/> Delete 4530 COUNTY ROAD 15A GREEN COVE SPRGS, FL 32043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WAGNER, GAIL G <input type="checkbox"/> Delete 4169 COUNTY ROAD 15A GREEN COVE SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Wagner, Gail G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition State Hwy. 16 West Green Cove Springs, Florida 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE: E.S. Gustafson, Jr. 4/28/04 904-219-5735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #