

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90155 030 \*\*\*150.00

**DOCUMENT # M46828**

1. Entity Name  
**A.S.P. TRANSPORT CORP. INC.**



Principal Place of Business  
**C/O ARTHUR ST. PETER  
2081 GRIFFIN RD  
FT LAUDERDALE, FL 33312 US**

Mailing Address  
**C/O ARTHUR ST. PETER  
2081 GRIFFIN RD  
FT LAUDERDALE, FL 33312 US**

**50019204**



2. Principal Place of Business

**3000 SW 26 TERR**  
Suite, Apt. #, etc.

3. Mailing Address

**3000 SW 26 TERR**  
Suite, Apt. #, etc.

02182005 Chg-P CR2E034 (10/03)

City & State

**FT LAUDERDALE FL**  
Zip **33312** Country **USA**

City & State

**FT LAUDERDALE, FL**  
Zip **33312** Country **USA**

4. FEI Number  
**59-2780035**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ST PETER, ARTHUR  
2081 GRIFFIN RD  
FORT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3000 SW 26 TERR**

City

**FT LAUDERDALE**

**FL**

Zip Code

**33312**

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 **PV** ☐ Delete  
NAME **ST. PETER, ART**  
STREET ADDRESS **2081 GRIFFIN RD**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **3000 SW 26 TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

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

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:

*Arthur M. St. Peter*

**ARTHUR M. ST. PETER**

Date

**2/22/05**

Daytime Phone #

**954 4485800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES.**