
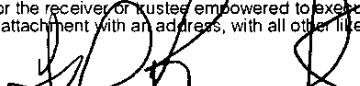


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 016 ***158.75

DOCUMENT # M67620 1. Entity Name ROUNTREE TRANSPORT & RIGGING, INC.					
Principal Place of Business 2640 N.LANE AVE. JACKSONVILLE FL 32254 US			Mailing Address 2640 N. LANE AVE. JACKSONVILLE FL 32254 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0029736 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired XX \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent RUNCK, THOMAS D 2640 NORTH LANE AVENUE JACKSONVILLE FL 32254				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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME ROUNTREE, A. L. STREET ADDRESS 3580 S.W. 46TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL	<input type="checkbox"/> Delete		TITLE Director D NAME A.L. Rountree STREET ADDRESS 2640 North Lane Avenue CITY-ST-ZIP Jacksonville, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME ROUNTREE, M.D. STREET ADDRESS 3580 S.W. 46TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ROUNTREE, JAMES J. STREET ADDRESS 2640 N.LANE AVE. CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete		TITLE President P NAME Rountree, James J. STREET ADDRESS 2640 North Lane Avenue CITY-ST-ZIP Jacksonville, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME RUNCK, THOMAS D., JR. STREET ADDRESS 2640 N. LANE AVE. CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete		TITLE Chairman & CEO C/D NAME Runck, Thomas D., Jr. STREET ADDRESS 2640 North Lane Avenue CITY-ST-ZIP Jacksonville, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROUNTREE, ALICE JANE STREET ADDRESS 3580 S.W. 46TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL	<input type="checkbox"/> Delete		TITLE Director D NAME Rountree, Alice Jane STREET ADDRESS 2640 North Lane Avenue CITY-ST-ZIP Jacksonville, FL 32254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME RUNCK, MARILYN M. STREET ADDRESS 2640 N. LANE AVE. CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete		TITLE Sec/Treasurer S/T/D NAME Runck, Marilyn M. STREET ADDRESS 2640 North Lane Avenue CITY-ST-ZIP Jacksonville, FL 32254	<input checked="" 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 all other like empowered.					
SIGNATURE:  Thomas D. Runck, Jr. 1/27/05 (904) 781 1033					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					