2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # P00000017832 1. Entity Name DEAN AND ELISSA SHAFFER TRANSPORT, INC. Principal Place of Business Mailing Address 6204 WISTERIA LOOP LAND O'LAKES FL 34639 PO BOX 708 LAND O LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3628837 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAFFER, DEAN Street Address (P.O. Box Number is Not Acceptable) 6204 WISTERIA LOOP LAND O'LAKES FL 34639 7ip 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE Delete WHE ☐ Change Addition SHAFFER, DEAN U00000325583 NAME NAME 6204 WISTERIA LOOP 04/23/05-80018-025 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-71P LAND O LAKES FL 34639 CiTY-ST-ZIP TITLE Delete HILE Change Addition SHAFFER, ELISSA STREET ADDRESS 6204 WISTERIA LŌOP STREET ADDRESS CHTY-ST-ZIP LAND O LAKES FL 34639 CITY-ST-ZIP 🔲 Delete TITLE 1(1) } Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THEF Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE THE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THEF ☐ Delete DOD. Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF 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.

ING OFFICER OR DIRECTOR

FILED