


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90042 007 ***150.00

DOCUMENT # P00000034480	
1. Entity Name A.L.L. TRANSPORT & LEASING, INC.	

Principal Place of Business 524 S. COMBEE RD LAKELAND, FL 33801	Mailing Address 524 S. COMBEE RD LAKELAND, FL 33801
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3636550	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	
HALL, W. CRAIG 4830 KENNEDY BLVD., STE. 750 TAMPA, FL 33609	

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 <i>Manard Orain Albritten</i>	DATE 1-17-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PR ALBRITTON, NORMA LAVERN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2818 BOLL WEEVIL RD	NAME	
STREET ADDRESS	NOCATEE, FL 34268	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP LEATHERWOOD, LORETTA F <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 JONES RD.	NAME	
STREET ADDRESS	AUBURNDALE, FL 33823	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST ORAIN ALBRITTON, MANARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2818 BOLL WEEVIL RD	NAME	
STREET ADDRESS	NOCATEE, FL 34268	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.	
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SIGNATURE: <i>Manard Orain Albritten</i>	DATE 1-17-05	DAYTIME PHONE # 863-667-32
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		