2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P00000088366** 05-31-2005 90002 035 ***150.00 BANNER TOWING & TRANSPORT SPECIALISTS, INC. Mailing Address Principal Place of Business 2954 PHILLIPS HWY AAAAATTD 2954 PHILLIPS HWY JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3671062 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Batch, Abrahom 1558 Sm Marco Blad Jex, R. 32207 HENDERSON, ALAN D DO NOT WRITE 4909 PABLO OAKS CT STE FIVE JACKGONVILLE, FL 32224 IN THIS SPACE (904) 396-1300 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROZIER, KEN NALE 44617 GREENOVER LANE ZGG8 RIVERPOIL Dr. S. STREET ADORESS JACKSONVILLE, FL-228444 32223 CITY-SI-ZIP TITLE ROZIER, CATHY B HELT GREENOVER LANE 2648 RIVERPORT Dr. 6. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322584411 32223 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachgrent with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNAMS OFFICER OR DIRECTOR

4/27/05 904.398-2330

FILED

May 31, 2005 8:00 am