


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90002 035 \*\*\*150.00

DOCUMENT # P0000088366  
 1. Entity Name  
 BANNER TOWING & TRANSPORT SPECIALISTS, INC.




Principal Place of Business  
 2954 PHILLIPS HWY  
 JACKSONVILLE, FL 32207

Mailing Address  
 2954 PHILLIPS HWY  
 JACKSONVILLE, FL 32207

**DO NOT WRITE IN THIS SPACE**

00000110



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3671062 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HENDERSON, ALAN D~~  
~~4309 PABLO OAKS CT STE FIVE~~  
~~JACKSONVILLE, FL 32224~~

Bateh, Abraham  
 1558 San Marco Blvd  
 Jax, FL 32207  
 (904) 396-1300

**DO NOT WRITE IN THIS SPACE**

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: Abraham J. Bateh ABRAHAM J. BATEH DATE: APRIL 29, 2005

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 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	P
NAME	ROZIER, KEN
STREET ADDRESS	<del>14611 GREENOVER LANE</del> 2668 Riverport Dr. S.
CITY-ST-ZIP	JACKSONVILLE, FL <del>32204</del> 32223
TITLE	S
NAME	ROZIER, CATHY B
STREET ADDRESS	<del>14611 GREENOVER LANE</del> 2668 Riverport Dr. S.
CITY-ST-ZIP	JACKSONVILLE, FL <del>32204</del> 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Cathy B. Rozier 4/29/05 904.398-2330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #