2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

ANNOAE REPORT					0.0			
DOCUMENT # P0000088366 1. Enlity Name BANNER TOWING & TRANSPORT SPECIALISTS, INC.						Secre	tary of S	
Principal Place 2954 PHILLII JACKSONVILL		Mailing Address 2954 PHILLIPS HWY JACKSONVILLE, FL 32207		 	. 88111 88311 88111 88111 881	21 1 1 2 	IF BUID BURBA IF ABB	
D	O NOT WRITE	CE	03202007 No Chg-P CR2E034 (11/05) 4. FEI Number					
	C. Name and Address of Correct Br	y	7			Fee	Required	
	6. Name and Address of Current Re BRAHAM MARCO BLVD. VILLE, FL 32207			NOT W				
the obligat	named entity submits this statement for toons of registered agent.	he purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	orida. I am fami	iar with, and accept	
SIGNATURE	Signature, typed or printed name of registared agent an	i inte il applicable (NOTE: Registeri	ed Agent signature required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees				
10.	OFFICERS AND D	RECTORS		1"	***			
IIILE NAME STREET ADDRESS CITY-ST-ZIP	P ROZIER, KEN 2668 RIVERPORT DR. S. JACKSONVILLE, FL 32223 S			na.	unong	0675224	44.450.00	
NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME	ROZIER, CATHY B 2668 RIVERPORT DR. S. JACKSONVILLE, FL 32223				U3/3U/U1	-80010-D	14 150.00	
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE					
STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP			-					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Cathy B. R.

3/20/1

(904)399-2338

Daytime Phone #