


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000102905
 1. Entity Name
 MEWHIRTER TRASPORTATION, INC.



Principal Place of Business 19010 GULF BLVD., #103 INDIAN ROCKS BEACH, FL 33785	Mailing Address 19010 GULF BLVD., #103 INDIAN ROCKS BEACH, FL 33785
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01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3678311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MEWHIRTER, JACK
 19010 GULF BLVD., #103
 INDIAN ROCKS BEACH, FL 33785

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8. The above named entity submits this statement for the purpose of changing its registered office of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jack A. Mewhirter* [Redacted] DATE: _____

(Signature, typed or printed name of registered agent also file if applicable. (NOTE: Registered Agent signature required when transferring))

FILE NOW!!! FEE IS \$160.00
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	D
NAME	MEWHIRTER, JACK A
STREET ADDRESS	19010 GULF BLVD., #103
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/14/05-80042-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, Florida Statutes, and that the information appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack A. Mewhirter* [Redacted] DATE: 3/14/05 DayTime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR