


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 030 ***150.00

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| DOCUMENT # P00000104992 |  |
| 1. Entity Name GRC TRANSPORTATION, INC. | |

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| Principal Place of Business 521 WEST FORT ISLAND TRAIL CRYSTAL RIVER, FL 34429 | Mailing Address P.O. BOX 979 HOMOSASSA, FL 34447 |
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44016321

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|---|---|
| 2. Principal Place of Business 537 N Citrus Ave Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State Crystal River FL | City & State |
| Zip 34428 | Country USA |



02042004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3681636 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CLYMER, GALEN R 521 WEST FORT ISLAND TRAIL CRYSTAL RIVER, FL 34429 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 537 N Citrus Ave City Crystal River FL Zip Code 34428 |
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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 Galen R. Clymer DATE 3/2/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP | PD CLYMER, GALEN R 521 WEST FORT ISLAND TRAIL CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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: Galen R. Clymer 3/2/04 352-220-0796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #