



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90042 016 ***150.00

DOCUMENT # P00000117695 1. Entity Name RED HOT TRANSPORT, INC.					
Principal Place of Business 12809 CANE POLE CT ORLANDO, FL 32828			Mailing Address 12809 CANE POLE CT ORLANDO, FL 32828		
2. Principal Place of Business 123 CUMBERLAND CIRCLE E. Suite, Apt. #, etc.		3. Mailing Address 123 CUMBERLAND CIRCLE E. Suite, Apt. #, etc.			
City & State LONGWOOD, FL		City & State LONGWOOD, FL		4. FEI Number 59-3689729	
Zip 32779		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, BRENT A 12809 CANE POLE CT ORLANDO, FL 32828			7. Name and Address of New Registered Agent Name BRENT A. BROWN Street Address (P.O. Box Number is Not Acceptable) 123 CUMBERLAND CIRCLE EAST City LONGWOOD FL Zip Code 32779		
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: <u>BRENT A. BROWN</u> DATE: <u>1/13/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, BRENT A 12809 CANE POLE CT ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, EVANEELINE A 12809 CANE POLE CT ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, BRENT A 123 CUMBERLAND CIRCLE EAST LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, EVANGELINE C. 123 CUMBERLAND CIRCLE EAST LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, BRENT A 123 CUMBERLAND CIRCLE EAST LONGWOOD, FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, EVANGELINE C. 123 CUMBERLAND CIRCLE EAST LONGWOOD, FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, BRENT A 123 CUMBERLAND CIRCLE EAST LONGWOOD, FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>BRENT A. BROWN</u> DATE: <u>1/13/04</u> DAYTIME PHONE: <u>321-231-9253</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					