

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90082 022 ***150.00

DOCUMENT # P01000008020

1. Entity Name

AARDVARK TRANSPORT, INC.



Principal Place of Business

424 E CENTRAL
155
ORLANDO FL 32801

Mailing Address

424 E CENTRAL
155
ORLANDO FL 32801



2. Principal Place of Business

478 E Altamonte Dr.
Suite 108 #233
Altamonte Springs
32701-4622 Seminole

3. Mailing Address

478 E Altamonte Dr.
Suite 108 #233
Altamonte Springs
32701-4622 Seminole

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3723993

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, TONY B
424 E CENTRAL
SUITE 155
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: JOHNSON, TONY B
Street Address (P.O. Box Number is Not Acceptable): 125 BENOIR DRIVE
Altamonte Springs FL 32701

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

Tony B. Johnson

Signature typed (typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, TONY B.	
STREET ADDRESS	424 E CENTRAL STE 155	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY B. JOHNSON	
STREET ADDRESS	478 E ALTAMONTE DR, SUITE 108 #233	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701-4622	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Tony B. Johnson 4/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 929 1210

DAY

Daytime Phone #