


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90028 024 ***150.00

DOCUMENT # P01000011934	
1. Entity Name SOUTH ATLANTIC TRAFFIC CORPORATION	

Principal Place of Business 3815 N. US HWY. 1, STE. 123 COCOA, FL 32926	Mailing Address 3815 N. US HWY. 1, STE. 123 COCOA, FL 32926
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40000027



2. Principal Place of Business 306 BREVARD AVE.	3. Mailing Address 306 BREVARD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State COCOA, FLORIDA	City & State COCOA, FLORIDA
Zip 32922	Country USA

4. FEI Number 59-3701343	Applied For <input type="checkbox"/> Not Applicable
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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 JOYNER, JESSE R 3815 N. US HWY. 1, STE. 123 COCOA, FL 32926	
7. Name and Address of New Registered Agent Name JOYNER, JESSE R. Street Address (Post Box Number is Not Acceptable) 306 BREVARD AVENUE City COCOA FL Zip Code 32922	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D JOYNER, JESSE R 3815 N. US HWY. 1, STE. 123 COCOA, FL 32926 <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 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, without other like empowered.

SIGNATURE: *Jesse R. Joyner* SECRETARYS. 1/4/06 321-504-3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #