


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 A
Secretary of State**

DOCUMENT # P01000038014		
1. Entity Name LAKE CITY TRANSPORT, INC.		
Principal Place of Business 4191 200 ST LAKE CITY, FL 32024		Mailing Address P.O. BOX 845 LAKE CITY, FL 32056
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOIN, ROSEMARIE A 4191 200TH STREET LAKE CITY, FL 32024		DO NOT WRITE IN THIS SPACE
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 _____ <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, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOIN, ROSEMARIE 4191 200TH STREET LAKE CITY, FL 32024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, MARIA 4191 200TH ST LAKE CITY, FL 32024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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, with all other like empowered.		
SIGNATURE: <u>Rosemarie A. Goin</u> ROSEMARIE A. GOIN		Date <u>4/25/06</u> 386 Daytime Phone # <u>963-3416</u>



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3722183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000554333
05/15/06-80088-018 150.00

**DO NOT WRITE
IN THIS SPACE**