

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000051983

1. Entity Name
POWER TRANSPORTATION, INC.



Principal Place of Business

717 JONES AVENUE
HAINES CITY, FL 33844

Mailing Address

717 JONES AVENUE
HAINES CITY, FL 33844



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3721395

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

REILLY, FRED ESQ
95 SOUTH TENTH ST.
HAINES CITY, FL 33844

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHAUGHNESSY, RICHARD B
STREET ADDRESS 3611 E. HINSON AVE.
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE VP
NAME GREEN, JOHN S
STREET ADDRESS 1103 SHADY COVE EAST
CITY-ST-ZIP HAINES CITY, FL 33044

TITLE S
NAME SHAUGHNESSY, NICHOLAS B
STREET ADDRESS 2938 LAKE MARION WAY
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE T
NAME SHAUGHNESSY, SANDRA L
STREET ADDRESS 3611 E. HINSON AVENUE
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000185796
01/21/05-80030-003 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #