
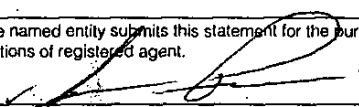
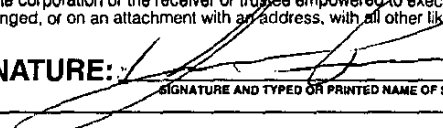


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90996 007 ***150.00

DOCUMENT # P01000065329 1. Entity Name JOHN'S TRANSPORT SERVICE, INC.																											
Principal Place of Business 4511 WANDERING OAKS DR SOUTH JACKSONVILLE, FL 32257		Mailing Address 4511 WANDERING OAKS DR SOUTH JACKSONVILLE, FL 32257																									
2. Principal Place of Business 810 SOUTH LILAC LOOP Suite, Apt. #, etc.		3. Mailing Address 810 SOUTH LILAC LOOP Suite, Apt. #, etc.																									
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL																									
Zip 32259		Zip 32259																									
Country		Country																									
4. FEI Number 59-3729502		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RAMOS, JESUS R 4511 WANDERING OAKS DR SOUTH JACKSONVILLE, FL 32257																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 810 SOUTH LILAC LOOP City JACKSONVILLE FL Zip Code 32259																											
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  DATE 4-22-04 <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAMOS, JESUS R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4511 WANDERING OAKS DR SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32257</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	RAMOS, JESUS R		STREET ADDRESS	4511 WANDERING OAKS DR SOUTH		CITY-ST-ZIP	JACKSONVILLE, FL 32257		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>810 SOUTH LILAC LOOP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32259</td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS	810 SOUTH LILAC LOOP		CITY-ST-ZIP	JACKSONVILLE, FL 32259	
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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: 		Date 4-22-04																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											