


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90196 041 ***150.00

DOCUMENT # P01000078002 1. Entity Name ELK-POL TRANSPORT, INC.					
Principal Place of Business 1694 E. ORANGECREST AVE. PALM HARBOR, FL 34683			Mailing Address PO BOX 2033 TARPON SPRINGS, FL 34688-2033		
2. Principal Place of Business 3030 Crenshaw Court		3. Mailing Address 3030 Crenshaw Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3743418	
Zip 34655-2107		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BABALA, ANDRZEJ 1694 EAST ORANGECREST AVE PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name BABALA, Andrzej Street Address (P.O. Box Number is Not Acceptable) 3030 Crenshaw Court City New Port Richey FL Zip Code 34655-2107	
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 <u>Andrzej Babala</u> Andrzej Babala 04.25.2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABALA, ANDRZEJ <input type="checkbox"/> Delete 1694 EAST ORANGECREST AVE PALM HARBOR, FL 34683		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BABALA, Andrzej 3030 Crenshaw Court New Port Richey, FL 34655-2107	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BABALA, JOANNA 1694 EAST ORANGECREST AVE PALM HARBOR, FL 34683		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BABALA, Joanna 3030 Crenshaw Court New Port Richey, FL 34655-2107	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Joanna Babala</u> Joanna Babala			04.25.2006 543-6437 <small>Date Days/Week Phone #</small>		