


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90254 037 ***150.00

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DOCUMENT # P01000080698					
1. Entity Name SAMSON TRANSPORT, INC					
Principal Place of Business 104 LILLY DR HOLLISTER, FL 32147			Mailing Address PO BOX 1078 HOLLISTER, FL 32147		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01122006 Chg-P CR2E034 (11/05) 4. FEI Number 36-4464427 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, WENDELL 129 CAMILLE SATSUMA, FL 32189			Name Street Address (P.O. Box Number is Not Acceptable) 104 Lilly Dr City Hollister FL Zip Code 32147		
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 _____ (NOTE: Registered Agent signature required when reinstating) 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	POTD P D	<input type="checkbox"/> Delete	TITLE	SIT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, WENDELL		NAME	Cindy J. Samis	
STREET ADDRESS	129 CAMILLE 104 Lilly Dr		STREET ADDRESS	104 Lilly Dr	
CITY-ST-ZIP	SATSUMA, FL 32189 Hollister FL 32147		CITY-ST-ZIP	Hollister FL 32147	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, TOY M		NAME		
STREET ADDRESS	129 CAMILLE 104 Lilly Dr		STREET ADDRESS		
CITY-ST-ZIP	SATSUMA, FL 32189 Hollister FL 32147		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Wendell Wilson</u>			1-12-06 386-1684-9799 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					