
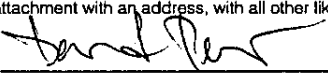


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90736 021 ***150.00

| | | | |
|---|---|--|---|
| DOCUMENT # P01000082883 1. Entity Name DEP TRANS CORP. | |  | |
| Principal Place of Business 2379 CHAUCER ST CLEARWATER, FL 33765 | | Mailing Address 2379 CHAUCER ST CLEARWATER, FL 33765 | |
| 2. Principal Place of Business 4851 85th Ave. Suite, Apt. #, etc. | | 3. Mailing Address 4851 85th Ave. Suite, Apt. #, etc. | |
| City & State Pinellas Park, FL Zip 33781 Country | | City & State Pinellas Park, FL Zip 33781 Country | |
| 4. FEI Number 59-3738150 | | 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 PEKARCIK, EVA 2379 CHAUCER ST CLEARWATER, FL 33765 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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, 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PEKARCIK, DAVID 2379 CHAUCER ST CLEARWATER, FL 33765 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Pekarcik 8032 W 82nd St. #2 Justice, IL 60458 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PEKARCIK, EVA 2379 CHAUCER ST CLEARWATER, FL 33765 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eva Pekarcik 8032 W 82nd St. #2 Justice, IL 60458 |
| 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 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:  | | David Pekarcik President | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 4-9-04 | Daytime Phone # 727 224 1548 |