


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000004217</b> 1. Entity Name <b>A.S.A.P. TRANSPORTATION, INC.</b>						<b>FILED</b> 05 OCT 14 PM 5:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>8508 43RD AVENUE DRIVE WEST BRADENTON, FL 34209 US</b>				Mailing Address <b>8508 43RD AVENUE DRIVE WEST BRADENTON, FL 34209 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>33-1002400</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>CONWAY, TERRANCE 8512 43RD AV. DRIVE WEST BRADENTON, FL 34209</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE PD <input type="checkbox"/> Delete NAME CONWAY, TERRANCE STREET ADDRESS 8508 43RD AVENUE DRIVE WEST CITY-ST-ZIP BRADENTON, FL 34209				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200060626222</b> <b>10/14/05--01052--008 **61.25</b>			
TITLE STD <input checked="" type="checkbox"/> Delete NAME CONWAY, KATHLEEN STREET ADDRESS 8508 43RD AVENUE DRIVE WEST CITY-ST-ZIP BRADENTON, FL 34209				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete 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.							
<b>SIGNATURE:</b> <i>Kathleen Conway</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				09/30/05 Date			
Daytime Phone #							