2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90356 022 ***150.00

DOCUMENT # P02000010808

1. Entity Name
E.T. TRANSPORT SERVICES, INC.

Principal Place of Business	Mailing Address
26116 KARNSHAPKING HILLIARD, FL 32046	POST OFFICE BOX 1321 HILLIARD, FL 32046

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
26185 Karnchapking	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hilliard FL	City & State:
Zip: 32046 Country:	Zip: Country:

4. FEI Number: 02-0535586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, ELLEN E
26116 KARNSHAPKING
HILLIARD, FL 32046

7. Name and Address of New Registered Agent

Name: King, Thomas E
Street Address (P.O. Box Number is Not Acceptable): 26185 Karnchap King
City: Hilliard FL Zip Code: 32046

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: Thomas E King DATE: 4-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 KING, THOMAS E 26116 KARNSHAPKING HILLIARD, FL 32046 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P King, Thomas E 26185 KarnchapKing Hilliard FL 32046 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KING, ELLEN E 26116 KARNSHAPKING HILLIARD, FL 32046 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST King, Ellen E 26185, KarnchapKing Hilliard FL 32046 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Thomas E King Thomas E King 4-26-04 (904) 545-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #