


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000013198</b>		
1. Entity Name <b>ANTHONY BRADSHAW TRANSPORT, INC.</b>		
Principal Place of Business <b>1694 ROBINS BRIDGE ROAD BONIFAY FL 32425</b>		Mailing Address <b>1694 ROBINS BRIDGE ROAD BONIFAY FL 32425</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City	Country	
Zip	4. FEI Number <b>31-1723370</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
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 information is true and correct to the best of my knowledge and belief. I am familiar with, and accept the obligation to update this information as it changes.		
SIGNATURE _____ DATE _____		



1st MOORE CR2E034 (10/04)

*We have a new  
FEI number. Please  
change our FEI number  
to 900159861.  
Thanks*

**After  
Make Chec**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, ANTHONY		NAME		
STREET ADDRESS	1694 ROBINS BRIDGE ROAD		STREET ADDRESS		
CITY- ST- ZIP	BONIFAY FL 32425		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	000000293443	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	04/08/05-80029-012 150.00	
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		
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 exemption stated in Section 119.07(3)(f), 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:** *Anthony Bradshaw* **Pres** **4-705** **850-547-4900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #