


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90285 042 ***150.00

DOCUMENT # P02000014427																											
1. Entity Name TROJAN TRANSPORT, INC.																											
Principal Place of Business 2101 GRIFFIN RD. WAUCHULA, FL 33873		Mailing Address P.O. BOX 1984 WAUCHULA, FL 33873																									
2. Principal Place of Business 137 Springlake Dr. Suite, Apt. #, etc.		3. Mailing Address 137 Springlake Dr. Suite, Apt. #, etc.																									
City & State Interlachen, FL Zip 32148 Country		City & State Interlachen, FL Zip 32148 Country																									
4. FEI Number 01-0612331		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 RHODEN, DONALD 2101 GRIFFIN RD. WAUCHULA, FL 33873		7. Name and Address of New Registered Agent Name 137 Springlake Drive City Interlachen FL 32148																									
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 X Donald Rhoden DATE 3/3/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RHODEN, DONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1984</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WAUCHULA, FL 33873</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	RHODEN, DONALD		STREET ADDRESS	P.O. BOX 1984		CITY-ST-ZIP	WAUCHULA, FL 33873		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">X</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>137 Springlake Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Interlachen, FL 32148</td> <td></td> </tr> </table>		TITLE	X	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	137 Springlake Drive		CITY-ST-ZIP	Interlachen, FL 32148	
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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: X Donald Rhoden		DATE: 3/3/05																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>																									

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