## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000039597

City-St-Zip:

Entity Name: LASSITER TRANSPORTATION GROUP, INC.

FILED Jul 06, 2006 Secretary of State

Littly Nai	ile. LAGGITE	LK TRANSFORTATION GRO	OF, INC.				
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
SUITE 101	.IFAX AVENU BEACH, FL			123 LIVE OAK AVENUE DAYTONA BEACH, FL 32114			
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
536 N HALIFAX AVENUE SUITE 101 DAYTONA BEACH, FL 32118				123 LIVE OAK AVENUE DAYTONA BEACH, FL 32114			
FEI Number:	03-0424608	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Des	sired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
2052 JOHN ORMOND The above in the State	e of Florida.	N DRIVE	purpose of changing	its registered of	fice or registered age	nt, or both,	
SIGNATUR		ois Oissature of Devistand A			Data		
Election Car	ce with s. 607.1	nic Signature of Registered Ages (2)(b), F.S., the corporation did not represent the corporation ( ).	not receive the prior notic		Date  TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	LASSITER, RO 2052 JOHN AI	) Delete DBERT SANS NDERSON DRIVE ACH, FL 32176	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	LASSITER, KA 2052 JOHN AI	) Delete ATHRYN R NDERSON DRIVE ACH, FL 32176	Title: Name: Address: City-St-Zip:	SECR (X) LASSITER, KATI 2052 JOHN AND ORMOND BEAC	ERSON DRIVE		
Title: Name: Address:	(	) Delete	Title: Name: Address:	CFO () KASZA, JUDY C 7 WATERBLUE			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ORMOND BEACH, FL 32174

SIGNATURE: JUDY C KASZA CFO 07/06/2006