2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2006 08:00 AM DOCUMENT # P02000040164 **Secretary of State** FAIR TRANSPORTATION, INC. Principal Place of Business Mailing Address 917 N PALMWAY ST 917 N PALMWAY ST KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0070919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FAIR, NEWMAN W DO NOT WRITE 917 N PALMWAY ST KISSIMMEE, FL 34744 IN THIS SPACE 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Apont signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FAIR, NEWMAN W 917 N PALMWAY ST STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 IMLE 1000000399837 n2/01/06-80028-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$1-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP



1-15-66

Baytime Phone if

FILED