

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90130 046 ***150.00

DOCUMENT # P02000043566 1. Entity Name CENTRAL COAST TRANSPORTATION, INC.			
Principal Place of Business 2205 BUTCH CASSIDY TRAIL WIMAUMA, FL 33598		Mailing Address P.O. BOX 2007 PALMETTO, FL 34220	
2. Principal Place of Business 945 25th Drive East		3. Mailing Address P. O. Box 2007	
Suite, Apt., etc. #6		Suite, Apt., etc. 	
City & State Ellenton, FL		City & State Palmetto, FL	
Zip 34222		Zip 34220	
Country 		Country 	
4. FEI Number 04-3653766		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 HERRIN, DOUGLAS J 2205 BUTCH CASSIDY TRAIL WIMAUMA, FL 33598		7. Name and Address of New Registered Agent Name HERRIN, DOUGLAS J. Street Address (P.O. Box Number is Not Acceptable) 945 25th DRIVE EAST # 6 City ELLENTON, FL 34222	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HERRIN, DOUGLAS J STREET ADDRESS 2205 BUTCH CASSIDY TRAIL CITY-ST-ZIP WIMAUMA, FL 33598	<input type="checkbox"/> Delete	TITLE P NAME HERRIN, DOUGLAS J. STREET ADDRESS 945 25th Drive East CITY-ST-ZIP Ellenton, FL 34222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Douglas J. Herrin 3/16/2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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