


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000044842 1. Entity Name RHEMA TRANSPORT INC.	
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Principal Place of Business 6772 HIGH KNOLL DRIVE LAKELAND, FL 33813 US	Mailing Address 6772 HIGH KNOLL DRIVE LAKELAND, FL 33813 US
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04212006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0687421	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent JACKSON, SHAWN B 2633 SUMMITVIEW DRIVE LAKELAND, FL 33813
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, SHAWN B 6772 HIGH KNOLL DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, FELICIA L 6772 HIGH KNOLL DR. LAKELAND, FL 33813
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: x Shawn B. Jackson SHAWN B. JACKSON 4-30-06 863-581-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #