## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

				Secretary of State			
DOCUMENT # P02000067844  1. Entity Name FAST FLORIDA FREIGHT, INC.					566	ictary or State	ı
12164 TAMI	ce of Business IAMI TRAIL DA, FL 33955	Mailing Address 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955					
DO NOT WRITE IN THIS SPA			CE	01112005  4. FEI Number 03-04660  5. Certificate of	No Chg-P	CR2E034 (10/03)  Applied For Not Applica  \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent					
YOUNG, JERRY T 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955			DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE	a named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and		ed office or registe		in the State of Flori	da I am familiar with, and acce	pt
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND DI	ECTORS					_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVST YOUNG, JERRY T 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955 D YOUNG, JERRY T 12164 TAMIAMI TRAIL	· · · · · · · · · · · · · · · · · · ·			000002 03/10/05-8	58634 0045-023 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PUNTA GORDA, FL 33955						i
CITY ST-ZIP				DO I	IW TOP	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					HIS SPA		
NAME			i				

12. Thereby 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

03-09-05

941-637-3723