2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000067859

PUNTA GORDA, FL 33955

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

1. Entity Nam RELIABL	E BULK TRANSPORT, INC.	-				
Principal Plac 12164 TAMI PUNTA GORD		Mailing Address 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955	-	 		ZIJA BIJIJ JABA JAJAJ BIJIZ JAJVAJ JI JEB:
D	O NOT WRITE	IN THIS SPA	CE]	No Chg-P	CR2E034 (10/03) Applied For Not Applicab \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		The second secon	· · · · · · · · · · · · · · · · · · ·	
YOUNG, JERRY T 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955 8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE			
	named entity_submits this statement for to ions of registered agent.	he purpose of changing its register	red office or registe	red agent, or both, in	the State of Florid	da. I am tamiliar with, and accep
SIGNATURE.					-	
0.000	Signature, typed or brinled name of registered agent an	d title if applicable (NOTE Register	ed Agent signature require	d when reinstaling)		DATE
	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	~ ~~	.00 May Be led to Fees		
10.	OFFICERS AND D	IRECTORS -			March K.M. P.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST YOUNG, JERRY T 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955	<u> </u>	<u></u>		Lincocco.	
TITLE NAME STREET ADDRESS	D YOUNG, JERRY T 12164 TAMIAMI TRAIL			0	<u> 110000</u> 02 13/10/05-8	57875 10020-001 150,00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN & D3-09-05

941-637-3723

DO NOT WRITE

IN THIS SPACE