2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000067921 1. Entity Name POWDER TRANSPORT, INC.				Secretary of State	
Principal Plac 12164 TAMI/ PUNTA GORD	AMI TRAIL 1	ailing Address 2164 TAMIAMI TRAIL UNTA GORDA, FL 33955		TO THE THE STEEL SHEET AND STEEL SHEETS	ODIN MUSTI DOTS DOTS NINI NOTO SUND NEW JUDIN I SANI
D	O NOT WRITE IN		CE		Chg-P CR2E034 (10/03) Applied For Not Applicable Desired \$8.75 Additional Fee Required
		tered Agent	DO NOT WRITE IN THIS SPACE		
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 profited name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	
10. IITLE NAME SYREET ADDRESS GITY-ST-ZIP	OFFICERS AND DIRECT D YOUNG, JERRY T 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955	STORS (03/	U00000257878 10/05-80020-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS YOUNG, JERRY T 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second of th	- <u> </u>		T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	S SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

SIGNATURE:

03-09-05

941-637-3723 Dayline Phone #