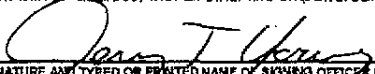


FILED
Jan 27, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000067921		
1. Entity Name POWDER TRANSPORT, INC.		
Principal Place of Business 12164 TAMiami TRAIL PUNTA GORDA, FL 33955		Mailing Address 12164 TAMiami TRAIL PUNTA GORDA, FL 33955
DO NOT WRITE IN THIS SPACE		
		01172006 No Chg-P CR2E034 (11/05)
		4. FEI Number 04-3694350
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
YOUNG, JERRY T 12164 TAMiami TRAIL PUNTA GORDA, FL 33955		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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	D	
NAME	YOUNG, JERRY T	
STREET ADDRESS	12164 TAMiami TRAIL	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	PVTs	
NAME	YOUNG, JERRY T	
STREET ADDRESS	12164 TAMiami TRAIL	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u></u>		1-23-06 9414637-3723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day to Phone