

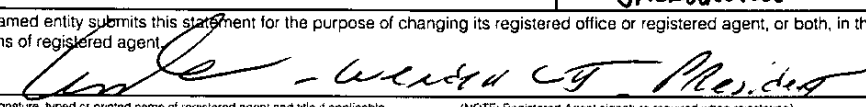
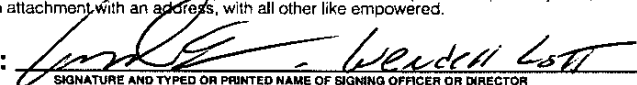


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90569 038 ***150.00

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|--|---|--|---|---|--|
| DOCUMENT # P02000130598 1. Entity Name LOTT TRANSPORT INC. | | | |  | |
| Principal Place of Business 1716 N. MCDUFF AVE. JACKSONVILLE, FL 32254 US | | | Mailing Address 1716 N. MCDUFF AVE. JACKSONVILLE, FL 32254 US | | |
| 2. Principal Place of Business 9550 REGENCY SQUARE BLVD Suite, Apt. #, etc. 1107 | | 3. Mailing Address 9550 REGENCY SQUARE BLVD Suite, Apt. #, etc. 1107 | |  | |
| City & State JACKSONVILLE FL | | City & State JACKSONVILLE FL | | 4. FEI Number 22-3885638 Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Zip 32225 Country USA | | Zip 32225 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOTT, WENDELL 1716 N. MCDUFF AVE. JACKSONVILLE, FL 32254 | | | | 7. Name and Address of New Registered Agent Name LOTT, WENDELL Street Address (P.O. Box Number is Not Acceptable) 9550 REGENCY SQUARE BLVD Suite 1107 City JACKSONVILLE FL Zip Code 32225 | |
| 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  DATE 4-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOTT, WENDELL 1716 N. MCDUFF AVE. JACKSONVILLE, FL 32254 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby 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:  | | | 426-05 904-598-5016 <small>Date Daytime Phone #</small> | | |