2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

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1. Entity Name LOTT TRANSPORT INC.



Principal Place of Business

9550 REGENCY SQUARE BLVD

JACKSONVILLE, FL 32225

Mailing Address

9550 REGENCY SQUARE BLVD

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32225 US

04192007

CR2E034 (11/05)

4. FEI Number 22-3885638

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOTT, WENDELL

9550 REGENCY SQUARE BLVD 1107 JACKSONVILLE, FL 32225			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE. Registere	d Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	·	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOTT, WENDELL 1716 N. MCDUFF AVE. JACKSONVILLE, FL 32254	JOHS			U00000722234 05/02/07-80023-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			NOT WRITE THIS SPACE	
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 it 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:

NAME STREET ADDRESS CITY-ST-ZIP