## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000041770

FILED Sep 07, 2005 Secretary of State

Entity Name: ADVANCED QUALITY TRANSPORTATION SERVICE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4008 WHOLE SALE CT 4008 WHOLE SALE CT NORTH FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33903 US **Current Mailing Address: New Mailing Address:** 4008 WHOLE SALE CT NORTH FORT MYERS, FL 33903 US FEI Number: 45-0510693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LITTEN, DONNA A **423 ELLIS STREET** NORTH FORT MYERS, FL 33903 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LITTEN, DONNA A Name: Name: **423 ELLIS STREET** Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33903 US City-St-Zip: Title: Title: ST ( ) Delete (X) Change ( ) Addition Name: MARKAL, ADRIAN Name: MARKAL, ADRIAN 305 SW 17TH ST 1915 N.E. 14TH TERR. Address: Address: CAPE CORAL, FL 33909 US CAPE CORAL, FL 33991 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: CEOP ( ) Delete CFOP LUTTEN, MAX E LUTTEN, MAX E Name: Name: 423 FILIS ST 423 FILIS ST Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIAN A. MARKEL S/T 09/07/2005