


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90018 029 \*\*\*150.00

<b>DOCUMENT # P03000057414</b>					
<b>1. Entity Name</b> ESSENTIAL TRANSPORT, INC.					
<b>Principal Place of Business</b> 2821 RODEO DRIVE PO BOX 27 LORIDA, FL 33857-0027			<b>Mailing Address</b> 2821 RODEO DRIVE PO BOX 27 LORIDA, FL 33857-0027		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 129 S. Commerce Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Sebring, Florida		01082004    Chg-P    CR2E034 (10/03)	
Zip		Country		<b>4. FEI Number</b> 57-1164543	
Zip 33870		Country Highlands		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCCOLLUM, JAMES F P.L. 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when restate)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS ROBERTS, BRIANN W. 2821 RODEO DRIVE LORIDA, FL 338570027	<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	D PAVONI, JILL 2821 RODEO DRIVE LORIDA, FL 338570027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> <i>Jill Pavoni</i>			2/04/04    1-863-255-6905		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		