2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 29, 2005 08:00 AM Secretary of State DOCUMENT # P03000062205 1. Entity Name FLORIDA SERVICES TRANSPORT, INC. Principal Place of Business Mailing Address 8525 PEPPER TREE WA'NAPLES FL 34114 8525 PEPPER TREE WAY NAPLES FL 34114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 2nd MOORE CR2E034 (5/05) Applied For City & State City & State 4. FEI Number 05-1046889 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHALEY, TAMMY 8525 PEPPER TREE WAY Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34114 City Zip Code 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, typed or primed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing late fee. By checking this box, the corporation certifies it DUE BY September 7, 2005 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition LITLE ☐ Delete OTHE WHALEY, TAMMY NA ME NAME 1600000377269 8525 PEPPER TREE WAY STREET ACOREGO STREET ADDRESS NAPLES FL 34114 COY-SI-ZIF CHY-SI-7P ☐ Change ☐ Addition ☐ Delete HILLE TITLE WHALEY, WAYNE NAME 8525 PEPPER TREE WAY STREET ADDRESS STREET ADDRESS CITY-ST ZIP NAPLES FL 34114 CHTY-ST-ZIP Change ☐ Addition Delete THE THILE NAME NAME STREET ADDRESS CYRFFT ADDRESS City, St. 702 CHY-ST- NP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADGRESS GITY-ST-ZIP City-St-7iP ☐ Change ☐ Addition ☐ Delete TrütE HILL MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete illef HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-ZIP

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:

FILED