

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90037 035 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                      |                                                              |                                                                                                                                              |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000075422</b><br>1. Entity Name<br><b>STEEL HORSE TRANSPORT SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                      |                                                              |                                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>5521-13TH AVE SOUTH<br/>GULFPORT, FL 33707</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                                                      |                                                              | Mailing Address<br><b>5521-13TH AVE SOUTH<br/>GULFPORT, FL 33707</b>                                                                         |                                                                   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                        |                                                              |                                                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | City & State                                                                                                         |                                                              |                                                                                                                                              |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | Zip                                                                                                                  |                                                              |                                                                                                                                              |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              | Country                                                                                                              |                                                              |                                                                                                                                              |                                                                   |
| 4. FEI Number<br><b>04-3766232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                      |                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                       |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                                                      |                                                              | <b>\$8.75 Additional Fee Required</b>                                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>STEINMETZ, KAREN L CPA<br/>5455 4TH ST N<br/>ST PETERSBURG, FL 33703</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                      |                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent or agent in lieu of name. (Not for Registered Agent Signature and address only.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                                                      |                                                              |                                                                                                                                              |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b> |                                                              |                                                                                                                                              |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                                                      | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |                                                                                                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ST<br/>HULETT, SHELLEY<br/>5521-13TH AVE SOUTH<br/>GULFPORT, FL 33707</b> | <input type="checkbox"/> Delete                                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>P<br/>HULETT, ROBERT<br/>5521-13TH AVE SOUTH<br/>GULFPORT, FL 33707</b>   | <input type="checkbox"/> Delete                                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                                                                        | <input type="checkbox"/> Delete                                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                                                                        | <input type="checkbox"/> Delete                                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                                                                        | <input type="checkbox"/> Delete                                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                                                                        | <input type="checkbox"/> Delete                                                                                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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)(d), Florida Statutes. I further certify that the information included on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if traced over each; 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                                                      |                                                              |                                                                                                                                              |                                                                   |