

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 SEP -8 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000076811

1. Entity Name
MIDNIGHT EXPRESS TRANSPORT, INC.

Principal Place of Business 71 HAMMOCK ROAD INGLIS, FL 34449	Mailing Address PO BOX 216 GULF HAMMOCK, FL 32639
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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09082004 Chg-P CR2E034 (10/03) *MRS*

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: **BRUCE REICHELDERFER**

Street Address (P.O. Box Number is Not Acceptable): **71 HAMMOCK RD.**

City: **INGLIS** State: **FL** Zip Code: **34449**

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: *[Signature]* **BRUCE REICHELDERFER** **9/8/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"> DPST REICHELDERFER, BRUCE 71 HAMMOCK ROAD INGLIS, FL 34449 </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	DPST REICHELDERFER, BRUCE 71 HAMMOCK ROAD INGLIS, FL 34449	<input type="checkbox"/> Delete														
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"> 100041129851 09/17/04--01082--004 **\$150.00 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	100041129851 09/17/04--01082--004 **\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: *[Signature]* **9/8/04** **352 447 5737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #