


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90017 035 ***150.00

DOCUMENT # P03000086973	
1. Entity Name G.O.B. TRANSPORT INC.	

Principal Place of Business 3581 14TH AVE. SE NAPLES, FL 34117	Mailing Address 3581 14TH AVE. SE NAPLES, FL 34117
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2. Principal Place of Business 2050 S. Pine Barren Rd	3. Mailing Address 2050 S. Pine Barren Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State McDAVID FL	City & State McDAVID FL
Zip 32568	Country United States

24078166



07122004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0151832	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 EDWARDS, DIAN 1842 40TH TERR. SW. UNIT #8 NAPLES, FL 34116	
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7. Name and Address of New Registered Agent Name SARAH JEAN MOSLEY Street Address (P.O. Box Number is Not Acceptable) 2050 South Pine Barren Rd City McDAVID FL Zip Code 32568	
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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 Sarah Jean Mosley <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 7/12/04

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOSLEY, SARAH J		NAME WILLIAM CURTIS MOSLEY	
STREET ADDRESS 3581 14TH AVE. SE		STREET ADDRESS 2050 S. Pine Barren Rd	
CITY-ST-ZIP NAPLES, FL 34117 McDAVID FL 32568		CITY-ST-ZIP McDAVID FL 32568	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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.	
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SIGNATURE: Sarah Jean Mosley	SARAH JEAN MOSLEY	DATE 7/12/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

239-825-3898