


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000086973</b> 1. Entity Name G.O.B. TRANSPORT INC.	
---	---

Principal Place of Business  
2050 S. PINE BARREN RD  
MC DAVID, FL 32568

Mailing Address  
2050 S. PINE BARREN RD  
MC DAVID, FL 32568



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0151832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MOSLEY, SARAH J  
2050 SOUTH PINE BARREN RD  
MC DAVID, FL 32568

**DO NOT WRITE  
IN THIS SPACE**

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, 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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOSLEY, SARAH J 2050 S. PINE BARREN RD MC DAVID, FL 32568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOSLEY, WILLIAMC 2050 S. PINE BARREN RD MC DAVID, FL 32568
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000210446  
02/02/05-80076-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Sarah Jean Mosley* SARAH JEAN MOSLEY

Date

Daytime Phone #

2-05/850-587-3094