



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103605 1. Entity Name POP'S TRANSPORTATION SERVICES, INC.						FILED 06 FEB -6 PM 4:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3017 FARNHAM N DEERFIELD BEACH, FL 33442				Mailing Address 3017 FARNHAM N DEERFIELD BEACH, FL 33442			
2. Principal Place of Business 8993 NEW HOPE COURT		3. Mailing Address 8993 NEW HOPE COURT					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		11172005 Chg-P CR2E034 (10/03)			
City & State ROYAL PALM BEACH FL		City & State ROYAL PALM BEACH FL		4. FEI Number 77-0611931		Applied For <input type="checkbox"/> Not Applicable	
Zip 33411		Country FL		Zip 33411		Country FL	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent POP, IOAN 3017 FARNHAM N DEERFIELD BEACH, FL 33442			
7. Name and Address of New Registered Agent Name POP IOAN Street Address (P.O. Box Number is Not Acceptable) 8993 NEW HOPE COURT City ROYAL PALM BEACH FL Zip 33411				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 Joan Pop, POP, IOAN DATE 12.19.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD POP, IOAN 3017 FARNHAM N DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 000067187790 03/07/06--01006--017 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS 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)(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: Joan Pop, POP, IOAN DATE 12.19.05 DAYTIME PHONE # 15612511721 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							