## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNIF

## Apr 27, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000110094 1. Entity Name JOLIZ TRANSPORT, INC. Mailing Address Principal Place of Business 831 WILD FLOWER ST 831 WILD FLOWER ST MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 04212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1083562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELIZABETH, TAVAREZ DO NOT WRITE 831 WILD FLOWER ST MERRITT ISLAND, FL 32953 IN THIS SPACE 3. 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 DATE (NOTE, Registered Agent signature required when reinstating) HAMMOOSS 1258 9. Election Campaign Financing \$5.00 May Be /27/05-80160-025 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLENAME TAVAREZ, ELIZABETH 831 WILD FLOWER ST STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C!TY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplies entitle true and a courage 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 of the receiver ontrostee 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 of the analysis, with all other like empowered.

OF DIRECTOR

**FILED** 

Daytime Phone #