2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR

FILED Mar 11, 2005 08:00 AM Secretary of State

	ANNUAL R	EPORT				, 2005 08:00
	MENT # P0300012261	6] "	Secr	etary of State
1. Entity Nar FAIRWA	TO THE TOTAL TO THE TRANSPART OF TAMPA BA	Y, INC.				
1	:= =.	failing Address				
7 EASTWOOD LANE 5401 CENTRAL AVE, BELLEAIR, FL 33756 SAINT PETERSBURG, FL 33710			0			
		· -'			DEN MENDING SIGNI WERDE WONES WONES CO	AND THE REPORT OF THE PROPERTY
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DO NOT WOITE IN THE ODA			^_	02232005	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numl		Applied For
				20-03		Not Applicable \$8.75 Additional
				5. Certificat	e of Status Desired	Fee Required
	6. Name and Address of Current Regis	itered Agent				
MCATEE, CAROL 5401 CENTRAL AVE.			DO NOT WRITE			
ST. PETERSBURG, FL 33710			IN THIS SPACE			
				11/4	I IIIO SPA	(CE
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 of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refreshing) DATE						
			· · · · · · · · · · · · · · · · · · ·		 	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			cing \$5.	.00 May Be led to Fees		
10.	OFFICERS AND DIREC	TORS				·
TITLE NAME	FORD, ROBERT L					
STREET ADDRESS	7 EASTWOOD LANE					
CITY-ST-ZIP	BELLEAIR, FL 33756					•
NAME					HOOOOGS	'C.)
STREET ADDRESS CITY - ST - ZIP					03/12/05-80	39890 1002–1001 150.00
TITLE			-			
NAME						
STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE
TITLE	<u> </u>			IN '	THIS SPA	CF
NAME STREET ADDRESS				114		
CITY-ST-ZIP						
TITLE	-				-	
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	······································	,				
NAME STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true a poralion or the receiver or trustee empowers or on an attachment with an address, with all	ing does not qualify for the exenund accurate and that my signatu	nption stated in Seure shall have the s	ction 119.07(3) same legal effe	(i), Florida Statutes. I furt ct as if made under oath.	her certify that the Information that I am an officer or director
of the corp changed,	poration or the receiver or trustee empowered or on an attachment with an address, with all	I to execute this report as require siner like empowered.	ed by Chapter 607	, Florida Statute	es; and that my name ap	pears in Block 10 or Block 11 if
	111/11				-1-11	1