

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137921

FILED
Apr 28, 2005
Secretary of State

Entity Name: INNOVATIVE CONCEPTS TRANSPORT, INC.

Current Principal Place of Business:

P.O. BOX 576
HILLIARD, FL 320460576

New Principal Place of Business:

17792 CROSS BRANCH RD.
HILLIARD, FL 320460576

Current Mailing Address:

P.O. BOX 576
HILLIARD, FL 320460576

New Mailing Address:

FEI Number: 20-0422304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEBB, JENNIFER
17793 CROSS BRANCH RD.
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

WEBB, JENNIFER
17792 CROSS BRANCH RD.
HILLIARD, FL 32046 US

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.

SIGNATURE: _____

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: JONES, RONALD N
Address: 17793 CROSS BRANCH RD.
City-St-Zip: HILLIARD, FL 32046

Title: D/P () Delete
Name: JONES, P. SCOTT
Address: 17793 CROSS BRANCH RD.
City-St-Zip: HILLIARD, FL 32046

Title: D/ST () Delete
Name: WEBB, JENNIFER J
Address: 17793 CROSS BRANCH RD.
City-St-Zip: HILLIARD, FL 32046

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: JONES, P. SCOTT
Address: 17792 CROSS BRANCH RD.
City-St-Zip: HILLIARD, FL 32046

Title: D/VP (X) Change () Addition
Name: JONES, RONALD N
Address: 17792 CROSS BRANCH RD.
City-St-Zip: HILLIARD, FL 32046

Title: D/ST (X) Change () Addition
Name: WEBB, JENNIFER J
Address: 17792 CROSS BRANCH RD.
City-St-Zip: HILLIARD, FL 32046

Title: D/VP () Change (X) Addition
Name: JONES, C. TODD
Address: 17792 CROSS BRANCH
City-St-Zip: HILLIARD, FL 32046

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER J. WEBB

D/ST

04/28/2005

Electronic Signature of Signing Officer or Director

Date