2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90098 022 ***158.75

DOCUMENT # P03000141521

1. Entity Name
ENCINA TRANSPORT, INC.

Principal Place of Business	Mailing Address
117 LIGHTHOUSE RD W JACKSONVILLE, FL 32225	117 LIGHTHOUSE RD W JACKSONVILLE, FL 32225

J0011529

02012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Jacksonville Fla.	117 Lighthouse Rd West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Fla.	City & State: Jacksonville Fla
Zip: 32225 Country: Duval	Zip: 32225 Country: Duval

4. FEI Number: 11-3737437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ENCINA, CRISTIAN
117 LIGHTHOUSE RD W
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	DPS	☐ Delete
NAME	ENCINA, CRISTIAN	
STREET ADDRESS	117 LIGHTHOUSE RD W	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	DVT	☐ Delete
NAME	ENCINA, RUBY	
STREET ADDRESS	117 LIGHTHOUSE RD W	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ruby R. Dorman Encina 2-1-05 9045094302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #