

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 16 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P03000150288</b> 1. Entity Name <b>RA-RA'S TRANSPORT, INC.</b>			
Principal Place of Business <b>4812 LUQUI COURT WEST PALM BEACH, FL 33415 5112 SW 115 St. Rd. Ocala, FL 34476</b>		Mailing Address <b>5112 SW 115 St Rd Ocala, FL 34476 4812 LUQUI COURT WEST PALM BEACH, FL 33415</b>	
2. Principal Place of Business <b>5112 SW 115 St. Rd Ocala, Florida</b>		3. Mailing Address <b>5112 SW 115 St. Rd Ocala, Florida</b>	
Suite, Apt. #, etc. <b>Florida</b>		Suite, Apt. #, etc. <b>Florida</b>	
City & State <b>Ocala, Florida</b>		City & State <b>Ocala, Florida</b>	
Zip <b>34476</b>		Zip <b>34476</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>383693852</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILSON, ERROL 4812 LUQUI COURT WEST PALM BEACH, FL 33415</b>		7. Name and Address of New Registered Agent <b>Wilson Errol 5112 SW 115 St. Rd. Ocala, FL 34476</b>	
Name <b>Wilson Errol</b>		Name <b>Wilson Errol</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4812 LUQUI COURT</b>		Street Address (P.O. Box Number is Not Acceptable) <b>5112 SW 115 St. Rd.</b>	
City <b>WEST PALM BEACH</b>		City <b>Ocala</b>	
State <b>FL</b>		State <b>FL</b>	
Zip Code <b>33415</b>		Zip Code <b>34476</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>WILSON, ERROL</b>	TITLE <b>100055375261</b>	NAME <b>05/26/05--01050--001 **150.00</b>
STREET ADDRESS <b>4812 LUQUI COURT</b>	CITY-ST-ZIP <b>WEST PALM BEACH, FL 33415</b>	STREET ADDRESS <b>05/26/05--01050--001</b>	CITY-ST-ZIP <b>**150.00</b>
TITLE <b>WILSON, ERROL</b>	NAME <b>5112 SW 115 St. Rd</b>	TITLE 	NAME 
STREET ADDRESS <b>5112 SW 115 St. Rd</b>	CITY-ST-ZIP <b>Ocala, FL 34476</b>	STREET ADDRESS 	CITY-ST-ZIP 
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
CITY-ST-ZIP 		CITY-ST-ZIP 	
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TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
CITY-ST-ZIP 		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.			
<b>SIGNATURE: Errol Wilson</b>		<b>4-29-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	