


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State

07-20-2006 90001 017 ***158.75

DOCUMENT # P03000150288

1. Entity Name
RA-RA'S TRANSPORT, INC.



Principal Place of Business Mailing Address
5112 SW 115 ST RD **5112 SW 115 ST RD**
OCALA, FL 34476 **OCALA, FL 34476**

2. Principal Place of Business 3. Mailing Address
5112 SW 115 St Rd **5112 SW 115 St Rd**
 State, Apt. #, etc. State, Apt. #, etc.
Ocala, FL **Ocala FL**
 City & State City & State

Zip Country Zip Country
34476 USA **34476 U.S.A.**

07102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
38-3693852 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ERROL
5112 SW 115 ST RD
OCALA, FL 34476

7. Name and Address of New Registered Agent

Name **Errol Wilson**
 Street Address (P.O. Box Number is Not Acceptable) **5112 S.W. 115 St Rd**
Ocala **34476**
 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 **Errol Wilson** DATE **7-16-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, ERROL	
STREET ADDRESS	5112 SW 115 ST RD	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a address, with all other like empowered.

SIGNATURE: **Errol Wilson (Errol Wilson)** Date **7-16-06** Daytime Phone # **561-662-1933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #