

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/10/2008-90001-044-\$550.00-\$550.00

FILED

08 SEP 26 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/08)

DOCUMENT # P03000150288			
1. Entity Name RA-RA'S TRANSPORT, INC.			
Principal Place of Business 4637 SW 108TH PLACE OCALA FL 34476		Mailing Address 4637 SW 108TH PLACE OCALA FL 34476	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 46 37 108 PI	
Suite, Apt. #, etc. 46 37 SW 108 PI		Suite, Apt. #, etc. OCALA	
City & State OCALA Florida		City & State FI	
Zip 34476	Country	Zip 34476	Country
4. FEI Number 38-3693852		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, ERROL 4637 SW 108TH PLACE OCALA FL 34476		7. Name and Address of New Registered Agent Name RA RAS - TRANSPORT INC Street Address (P.O. Box Number is Not Acceptable) 46 37 SW 108 PI City OCALA FL Zip Code 34476	
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		DATE 9-8-8	
<p>FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State</p>		<p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/></p>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, ERROL 4637 SW 108TH PLACE OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.			
SIGNATURE:		DATE 9-23-8	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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