,2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-7IP

SIGNATURE:

SIGNATURI

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P03000155791 1. Entity Name MATERIAL TRANSPORT COMPANY, INC. Principal Place of Business Mailing Address 18413 NORTH 30TH ST 18413 NORTH 30TH ST LUTZ, FL 33559 LUTZ, FL 33559 04152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0492596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent STANONIS, ANTHONY DO NOT WRITE 18413 NORTH 30TH ST LUTZ, FL 33559 IN THIS SPACE 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 Signature, typed or printed name of registered agent and bite if applicable. (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. **PRES** TITLE NAME STANONIS, ANTHONY E PRES STREET ADDRESS 18413 30TH STREET CITY-ST-ZIP LUTZ, FL 33559 TITLE U00000352850 05/03/05-80042-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 exponered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a practices, with all other like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

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Daytime Phone #

FILED