



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000020920</b> 1. Entity Name <b>POPE TRANSPORTATION CORPORATION</b>						<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>05 SEP 27 AM 9:19</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div> <div style="text-align: center;">  </div>			
Principal Place of Business <b>2441B SOUTH THIRD STREET</b> <b>JACKSONVILLE BEACH, FL 32250</b>				Mailing Address <b>2441B SOUTH THIRD STREET</b> <b>JACKSONVILLE BEACH, FL 32250</b>					
2. Principal Place of Business <b>13035 BENT PINE COURT E.</b> Suite, Apt. #, etc.			3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			07212005    Chg-P    CR2004(1008) <b>SEP 29 2005</b>			
City & State <b>JACKSONVILLE</b>			City & State <b>JACKSONVILLE</b>						
Zip <b>FL</b>		Country <b>USA</b>		Zip <b>32246</b>				4. FEI Number <b>861094896</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable					
6. Name and Address of Current Registered Agent  <b>POPE, WILLIAM S</b> <b>2411B S. 3RD ST.</b> <b>JACKSONVILLE BEACH, FL 32250</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>13035 BENT PINE COURT E</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32246</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 7, 2005</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> <input type="checkbox"/> Delete NAME <b>POPE, WILLIAM S</b> STREET ADDRESS <b>2411B S. 3RD ST.</b> CITY-ST-ZIP <b>JACKSONVILLE BEACH, FL 32250</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>400060183904</b> STREET ADDRESS <b>10/03/05--01050--001</b> CITY-ST-ZIP <b>**150.00</b>					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete 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 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: <b>X William S. Pope</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>9-4-05</b> <b>904-219-4530</b> Date    Daytime Phone #					