

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**  
03-28-2005 90054 014 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                     |                                                                      |                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000098589</b><br>1. Entity Name<br><b>AMERICAN BULK TRANSPORT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                     |                                                                      |                                                                                                                                                                 |  |
| Principal Place of Business<br><b>P.O. BOX 5000<br/>GROVELAND, FL 34736-5000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                     | Mailing Address<br><b>P.O. BOX 5000<br/>GROVELAND, FL 34736-5000</b> |                                                                                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | 3. Mailing Address                                                                                                  |                                                                      |                                                                                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | Suite, Apt. #, etc.                                                                                                 |                                                                      |                                                                                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | City & State                                                                                                        |                                                                      |                                                                                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                           | Zip                                                                                                                 | Country                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                     |                                                                      | 7. Name and Address of New Registered Agent                                                                                                                     |  |
| <b>WAGNER, RICHARD A ESQ.<br/>304 EAST COLONIAL DR.<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                     |                                                                      | Name<br><b>FULMER, PHILIP R.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8000 CHERRY LAKE ROAD</b><br>City <b>GROVELAND</b> FL <b>34736</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<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | <b>Philip R. Fulmer</b><br><small>DATE</small>                                                                      |                                                                      | <b>3/16/05</b>                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                      |                                                                                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |                                                                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D <input type="checkbox"/> Delete |                                                                                                                     | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FULMER, CARROLL L</b>          |                                                                                                                     | NAME                                                                 |                                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11050 AUTUMN LANE</b>          |                                                                                                                     | STREET ADDRESS                                                       |                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CLERMONT, FL 34711</b>         |                                                                                                                     | CITY-ST-ZIP                                                          |                                                                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D <input type="checkbox"/> Delete |                                                                                                                     | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FULMER, BARBARA B</b>          |                                                                                                                     | NAME                                                                 |                                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11050 AUTUMN LANE</b>          |                                                                                                                     | STREET ADDRESS                                                       |                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CLERMONT, FL 34711</b>         |                                                                                                                     | CITY-ST-ZIP                                                          |                                                                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D <input type="checkbox"/> Delete |                                                                                                                     | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>TURNER, CYNTHIA F</b>          |                                                                                                                     | NAME                                                                 |                                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>12928 LOOKINGBILL LANE</b>     |                                                                                                                     | STREET ADDRESS                                                       |                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>ATHENS, AL 35611</b>           |                                                                                                                     | CITY-ST-ZIP                                                          |                                                                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D <input type="checkbox"/> Delete |                                                                                                                     | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FULMER, PHILIP R</b>           |                                                                                                                     | NAME                                                                 |                                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>8000 CHERRY LAKE RD.</b>       |                                                                                                                     | STREET ADDRESS                                                       |                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>GROVELAND, FL 34738</b>        |                                                                                                                     | CITY-ST-ZIP                                                          |                                                                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D <input type="checkbox"/> Delete |                                                                                                                     | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FULMER, CARROLL A</b>          |                                                                                                                     | NAME                                                                 |                                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11610 OSPREY POINTE BLVD.</b>  |                                                                                                                     | STREET ADDRESS                                                       |                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CLERMONT, FL 34711</b>         |                                                                                                                     | CITY-ST-ZIP                                                          |                                                                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D <input type="checkbox"/> Delete |                                                                                                                     | TITLE                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FULMER, TIMOTHY A</b>          |                                                                                                                     | NAME                                                                 |                                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>13045 SUGAR BLUFF RD.</b>      |                                                                                                                     | STREET ADDRESS                                                       |                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CLERMONT, FL 34711</b>         |                                                                                                                     | 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<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | <b>Philip R. Fulmer</b><br><small>DATE</small>                                                                      |                                                                      | <b>3/16/05 (352)429500</b><br><small>Daytime Phone #</small>                                                                                                    |  |

66011121



01072005 Chg-P CR2E034 (10/03)

FEL Number **59-325 8698** Applied For ☐ Not Applicable ☐