


FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 041 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000154755		
1. Entity Name BOTTOM LINE TRANSPORT INC.		

Principal Place of Business 11527 RIVER RIDGE COURT JACKSONVILLE, FL 32218	Mailing Address 11527 RIVER RIDGE COURT JACKSONVILLE, FL 32218
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50064860



2. Principal Place of Business 11527 RIVA Ridge Court Suite, Apt. #, etc.	3. Mailing Address 11527 RIVA Ridge Court Suite, Apt. #, etc.
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09012005 Chg-P CR2E034 (10/03)

City & State Jax., FL	City & State Jax., FL	4. FEI Number 59-3814505	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32218	Country Ducal	Zip 32218	Country Ducal

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

6. Name and Address of Current Registered Agent WILLIAMS, ROWLAND V 11251 CESERY BLVD JACKSONVILLE, FL 32211	
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7. Name and Address of New Registered Agent	
Name Joseph Pickett Sr	
Street Address (P.O. Box Number is Not Acceptable) 11527 RIVA Ridge Court	
City Jax.	FL Zip Code 32218

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 Joseph Pickett Sr.
Signature typed or printed name of registered agent and title if applicable

9/1/05
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PICKETT, JOSEPH SR 11527 RIVER RIDGE COURT JACKSONVILLE, FL 32218 <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	PT PICKETT, JOSEPH SR 11527 RIVER RIDGE COURT JACKSONVILLE, FL 32218 <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	DVS PICKETT, DORETHA L 11527 RIVER RIDGE COURT JACKSONVILLE, FL 32218 <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
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
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

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: Joseph Pickett Sr. JOSEPH PICKETT SR 9/1/05 904-696-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #