


05-09-2005 90299 003 ***150.00
P04000160178

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL -6 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000160178					
1. Entity Name WESTMORELAND TRANSPORT CORP.					
Principal Place of Business 141 SW PALM DR. APT. 106 PORT SAINT LUCIE, FL 34986 US			Mailing Address 141 SW PALM DR. APT. 106 PORT SAINT LUCIE, FL 34986 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2002982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTMORELAND, WALTER W III 141 SW PALM DR. APT. 106 PORT SAINT LUCIE, FL 34986			7. Name and Address of New Registered Agent Name WALTER W. WESTMORELAND III Street Address (P.O. Box Number is Not Acceptable) 141 S.W. PALM DR. APT 106 City PORT SAINT LUCIE FL Zip Code 34986		
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 <u><i>Walter W. Westmoreland III</i></u> DATE <u>5/1/05</u> <small>Signature of holder or limited holder of registered agent is not required (NOTE: Registered Agent signature required when consolidating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTMORELAND, WALTER W III		NAME		
STREET ADDRESS	141 SW PALM DR. APT 106		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTMORELAND, ANGELA S		NAME		
STREET ADDRESS	141 SW PALM DR. APT. 106		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTMORELAND, ANGELA S		NAME		
STREET ADDRESS	141 SW. PALM DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Walter W. Westmoreland III</i></u>			5/1/05 (772) 768-4131		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		