2005 FOR PROFIT CORPORATION

Feb 28, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P04000161218** 02-28-2005 90196 005 ***150.00 VOLTALEE'S TRANSPORT, INC. Principal Place of Business Mailing Address 168 DAVIS LAKE ROAD 168 DAVIS LAKE ROAD PALATKA, FL 32177 PALATKA, FL 32177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232005 CB2E034 (10/03) Chg-P City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, VOLTALEE 168 DAVIS LAKE ROAD Street Address (P.O. Box Number is Not Acceptable) PALATKA, FL 32177 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRES Delete TITLE TITLE BRADLEY, CHARLES NAME NAME STREET ADDRESS 168 DAVIS LAKE ROAD STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP TITLE ☐ Delete TETLE ☐ Chande NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change THLE □ Delete TITLE ■ Addition NAMÊ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change HILE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Cell 386-546.5329

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

HILE NAME

STREET ADDRESS

CITY-ST-ZIP

386 328.

Change

Addition