

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

06 JUL 11 AM 8:50

STATE
FLORIDA



05262006 Chg-P CR2E034 (11/05) 06

DOCUMENT # P05000048191			
1. Entity Name PACIFIC COAST TRANSPORTATION, INC.			
Principal Place of Business 706 COMMERCE WAY #7 JUPITER, FL 33458		Mailing Address 706 COMMERCE WAY #7 JUPITER, FL 33458	
2. Principal Place of Business 706 COMMERCE WAY Suite, Apt. #, etc. JUPITER FL		3. Mailing Address P.O. Box 275 Suite, Apt. #, etc.	
City & State JUPITER FL		City & State MANLIUS, IL	
Zip 33458	Country U.S.A	Zip 61338	Country U.S.A
4. FEI Number 36-4314567		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 KULON, ANDREW 706 COMMERCE WAY #7 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KULON, ANDREW 706 COMMERCE WAY #7 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800077681718 07/18/06--01049--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KULON, MARY 706 COMMERCE WAY #7 JUPITER, FL 33458 <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
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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 exemptions contained in Chapter 119, 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, and all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6-18-06 Daytime Phone #	

#4879 sent with the original application on 06-18-06.
This check was sent with check # 5000 in the amount of \$ 150.00
We are sending 2-nd check

PACIFIC COAST TRANSPORTATION, INC. 05/04 PO BOX 275 MANLIUS, IL 61338		4879 70-248/711
DATE 04-28-06		DATE
PAY TO THE ORDER OF Florida Dept of State		\$ 150.00
ONE HUNDRED FIFTY & 00/100		DOLLARS
SHEFFIELD BANKING CENTER OF PEOPLE'S NATIONAL BANK OF KENNAHEE SHEFFIELD, IL 61361		
FOR #105000 4879		
1071024879		4879

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