


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000091132	
1. Entity Name PADS AUTO TRANSPORT INC	

Principal Place of Business 4703 LIMERICK DRIVE TAMPA, FL 33610	Mailing Address 4703 LIMERICK DRIVE TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3632264	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 WALKINE, PATRICK N 4703 LIMERICK DRIVE TAMPA, FL 33610
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME WALKINE, PATRICK N STREET ADDRESS 4703 LIMERICK DRIVE CITY-ST-ZIP TAMPA, FL 33610
TITLE VP	NAME WALKINE, PATRICIA D STREET ADDRESS 4703 LIMERICK DRIVE CITY-ST-ZIP TAMPA, FL 33610
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE 	NAME STREET ADDRESS CITY-ST-ZIP

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04/02/07-80013-008 150.00

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, with all other like empowered.

SIGNATURE: *Patricia Walkine, VP* **3-15-07 (813) 661-8043**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #