
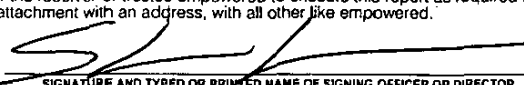


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90012 030 ***150.00

DOCUMENT # P06000002445 1. Entity Name SC TRANSPORT INC			
Principal Place of Business 1820 SOUTH PINELLAS AVENUE SUITE #105 TARPON SPRINGS, FL 34689		Mailing Address 1820 SOUTH PINELLAS AVENUE SUITE #105 TARPON SPRINGS, FL 34689	
2. Principal Place of Business - No P.O. Box # 1029 Calvary Rd Holiday FL Suite, Apt. #, etc.		3. Mailing Address 1029 Calvary Rd Holiday FL Suite, Apt. #, etc.	
City & State Holiday FL Zip 34691		City & State Holiday FL Zip 34691	
Country Pasco		Country Pasco	
4. FEI Number 41-2222611		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COCKERILL, STEPHEN H 1820 SOUTH PINELLAS AVENUE SUITE #105 TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Stephen Cockerill Street Address (P.O. Box Number is Not Acceptable) 1029 Calvary Rd City Holiday FL FL Zip Code 34691	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 D NAME COCKERILL, STEPHEN H STREET ADDRESS 1820 SOUTH PINELLAS AVENUE, SUITE #105 CITY-ST-ZIP TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE 1029 Calvary Rd NAME Holiday FL 34691 STREET ADDRESS 34691 CITY-ST-ZIP	<input checked="" 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
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, with all other like empowered.			
SIGNATURE: 		2-12-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	