

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000003424

1. Entity Name
SEVEN BRIDGES TRANSPORT, INC.



Principal Place of Business
10877 SW DARDANELL DRIVE
PORT ST. LUCIE, FL 34987

Mailing Address

10877 SW DARDANELL DRIVE
PORT ST. LUCIE, FL 34987

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4079193** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DRINKWATER, ROBERT
10877 SW DARDANELL DRIVE
PORT ST. LUCIE, FL 34987

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

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME COURSER, ANDREW
STREET ADDRESS 10877 SW DARDANELL DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34987

TITLE STD Delete
NAME DRINKWATER, ROBERT
STREET ADDRESS 10877 SW DARDANELL DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34987

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert D. Drinkwater*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 772-345-0026
Date Daytime Phone #