
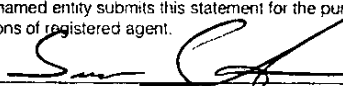
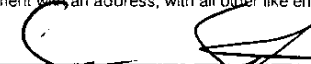


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90108 001 ***150.00

DOCUMENT # P06000077761					
1. Entity Name TILTON TRANSPORT, INC.					
Principal Place of Business 845 CREATIVE DRIVE LAKELAND, FL 33806-8821			Mailing Address POST OFFICE BOX 8821 LAKELAND, FL 33806-8821		
2. Principal Place of Business - No P.O. Box # 6028 Mission Dr.		3. Mailing Address Post Office Box 5155			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 20-4861163	
Zip 33812		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TILTON-DENNIS 1105 WATERFALL LANE LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name: Tilton, Trevor Street Address (P.O. Box Number is Not Acceptable): 6028 Mission Drive City: Lakeland FL Zip Code: 33812			
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:  DATE: 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME TILTON, TERRY		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS POST OFFICE BOX 8821	LAKELAND, FL 338068821		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 338068821					
TITLE V	NAME TILTON, DENNIS		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS POST OFFICE BOX 8821	LAKELAND, FL 338068821		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 338068821					
TITLE V	NAME TILTON, TREVOR		<input type="checkbox"/> Delete		
STREET ADDRESS POST OFFICE BOX 8821	LAKELAND, FL 338068821		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 338068821			President Tilton, Trevor Post office Box 5155 Lakeland, FL 33807-5155		
TITLE ST	NAME WISHAM, TERASA		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS POST OFFICE BOX 8821	LAKELAND, FL 338068821		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 338068821					
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			4/30/08 803-581-5193		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		