2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Secretary of State 02-02-2004 90031 013 ***158.75 DOCUMENT # P93000072869 CHELSEA TRANSPORT INC. PPTBBBEL Principal Place of Business Mailing Address 150 W STATE ROAD 546 P. O. BOX 1477 LAKE HAMILTON, FL 33851 HAINES CITY, FL 33847 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E034 (10/03) City & State City & State 4 EEI Number Applied For 59-3206457 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEARCE, PATTY Street Address (P.O. Box Number is Not Acceptable) 150 SR 546 W LAKE HAMILTON, FL 33851 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ~9.- Election Campaign Financing-\$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete arce, Kevin E 6 Good appings Rdi rentwood, TN37027 PEARCE, KEVIN E NAME NAME STREET ADDRESS PO BOX 1477 STREET ADDRESS CITY-ST-ZIP HAINES CITY, FL 33845 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Addition PEARCE, SUSAN H earce Susan H. 6 Good springs Rd. NAME NAME PO BOX 1477 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP HAINES CITY, FL 33845 CITY-ST-ZIP entwood TN 37027 TITLE ☐ Delete PEARCE PATTY J MARKE NAME STREET ADDRESS PO BOX 1477 STREET ADDRESS CITY-ST-ZIP HAINES CITY, FL 33845 CITY-ST-ZIP Haven TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-S1-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME ... STREET ADDRESS STREET ADDRESS

FILED Feb 02, 2004 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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. Pearce 1-23-04 SIGNATURE:

CITY-ST-ZIP