

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090050

Entity Name: VEHICLE TRANSPORT, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

5912 NEW KINGS ROAD  
JACKSONVILLE, FL 32209 US

## New Principal Place of Business:

## Current Mailing Address:

5912 NEW KING ROAD  
JACKSONVILLE, FL 32209 US

## New Mailing Address:

FEI Number: 59-3311596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOLAN, JAMES A III ESQ  
1 INDEPENDENT DR., STE. 2000  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

NOLAN, JAMES A III ESQ  
4114 HERSCHEL ST., SUITE 105  
ST. JOHNS PROFESSIONAL CENTER  
JACKSONVILLE, FL 32210 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/28/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: SHAFER, HAROLD A  
Address: 5912 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete  
Name: BISHOP, DARRELL  
Address: 2184 HIDDEN WATERS W  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD A. SHAFER

DST

04/28/2005

Electronic Signature of Signing Officer or Director

Date