

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000036582

FILED
Nov 15, 2004
Secretary of State

Entity Name: BRITT TRANSPORT, INC.

Current Principal Place of Business:

25651 TIMUQUANA DRIVE
MT. PLYMOUTH, FL 32776

New Principal Place of Business:

24621 RANCH RD
ASTATULA, FL 34705

Current Mailing Address:

25651 TIMUQUANA DRIVE
MT. PLYMOUTH, FL 32776

New Mailing Address:

24621 RANCH RD
ASTATULA, FL 34705

FEI Number: 59-3313180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTER, DEL G
308 E. FIFTH AVENUE
MT. DORA, FL 32757 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BRASHER, ROD A
Address: 24621 RANCH RD
City-St-Zip: ASTATULA, FL 34705

Title: VSTD () Delete
Name: BRASHER, BARBARA A
Address: 24621 RANCH RD
City-St-Zip: ASTATULA, FL 34705

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: ROD BRASHER

PRES

11/15/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date