

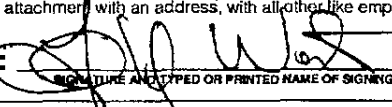


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000056462		
1. Entity Name TOTAL AUTO TRANSPORT, INC.		
Principal Place of Business 6921 HANGING MOSS RD. ORLANDO, FL 32807		Mailing Address 6921 HANGING MOSS RD. ORLANDO, FL 32807 US
DO NOT WRITE IN THIS SPACE		
		 01112004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3327120		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WEST, SHAWN 10653 REGENCY STREET ORLANDO, FL 32825		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAWN WEST 10653 REGENCY STREET ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BETTY WEST 10653 REGENCY STREET ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD WEST 3714 E ESTHER ST ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  FLOYD WEST		1/12/04 407-675-4600