


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # P95000075140 1. Entity Name E. B. PORTER TRANSPORT, INC.	
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Principal Place of Business 7843 NORTH WEST 3RD PLACE MARGATE, FL 33063	Mailing Address 7843 NORTH WEST 3RD PLACE MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



02052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0611788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, EDWARD B
7843 NORTH WEST 3RD PLACE
MARGATE, FL 33063

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000477223 04/06/06-80043-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, EDWARD B 7843 NORTH WEST 3RD PLACE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, LORRAINE 7843 NORTH WEST 3RD PLACE MARGATE, FL 33063
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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 807, 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: Edward B. Porter President 3/18/06 954 5929052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #