


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90163 018 ***150.00

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| DOCUMENT # P96000010584 1. Entity Name MATERIALS TRANSPORT SERVICE COMPANY |  |
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| Principal Place of Business 8467 NOROAD JACKSONVILLE, FL 32210 | Mailing Address C/O ARNOLD H. SLOTT, SLOTT & BARKER 334 EAST DUVAL STREET JACKSONVILLE, FL 32202 US |
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40059309



04092007 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3366328 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SLOTT, ARNOLD H 334 EAST DUVAL STREET JACKSONVILLE, FL 32202 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS SILLS, MILTON T. 8467 NOROAD JACKSONVILLE, FL 32210 |
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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 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: Milton T. Silles **MILTON T. SILLS** 4-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #