



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90688 045 ***150.00

DOCUMENT # P96000022685 1. Entity Name SANTOM TRANSPORT, INC.					
Principal Place of Business 7796 BELVEDRE ROAD BLDG #2 WEST PALM BEACH, FL 33411 US			Mailing Address 7796 BELVEDRE ROAD BLDG #2 WEST PALM BEACH, FL 33411 US		
2. Principal Place of Business 9357 SE 126 Blvd		3. Mailing Address 9357 SE 126 Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Okeechobee FL		City & State Okeechobee FL		02182004 Chg-P CR2E034 (10/03)	
Zip 34974 Country USA		Zip 34974 Country USA		4. FEI Number 65-0654526	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RATHBUN, TOM 7796 BELVEDERE RD. WEST PALM BEACH, FL 33411					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME OLSON, SANDY STREET ADDRESS 7796 BELVEDERE RD #2 CITY-ST-ZIP WEST PALM BEACH, FL 33411			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 9357 SE 126 Blvd STREET ADDRESS Okeechobee FL 34974 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME RATHBUN, TOM STREET ADDRESS 7796 BELVEDERE RD #2 CITY-ST-ZIP WEST PALM BEACH, FL 33411			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 9357 SE 126 Blvd STREET ADDRESS Okeechobee FL 34974 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 <i>Sandra L Olson</i> Sandra L Olson			4/29/04 8637636606		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		