

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90176 015 ***150.00

DOCUMENT # P96000029449 1. Entity Name NETWORK ASSOCIATES TRANSPORTATION GROUP, INC.					
Principal Place of Business 700 W. 23RD STREET, SUITE 200 PANAMA CITY, FL 32405 US			Mailing Address PO BOX 1498 LYNN HAVEN, FL 32444 US		
2. Principal Place of Business 3303 Country Club Dr			3. Mailing Address P.O. Box 1446		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Lynn Haven FL		City & State Lynn Haven, FL		4. FEI Number 59-3376482	
Zip 32444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32444		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, JACK G 502 HARMON AVE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name Sherry Fox Stewart Street Address (P.O. Box Number is Not Acceptable) 3303 Country Club Dr City Lynn Haven FL Zip Code 32444	
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: Sherry F. Stewart <i>Sherry F. Stewart</i> 4/28/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, RAY C 3303 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, SHERRY F 3303 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Sherry F. Stewart <i>Sherry F. Stewart</i> 4/28/2004 (850)814-4888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					