2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 08:00 A Secretary of State

•	ANNUAL R	EPUKI		_	1,100	Soomote	Service Ct
DOCUMENT # P96000029449 1. Entity Name NETWORK ASSOCIATES TRANSPORTATION GROUP, INC.				Šecrétary of St			
3303 COUNTRY CLUB DR P		Mailing Address PO BOX 1446 LYNN HAVEN, FL 32444 US			B 1848 B W 1851 B B W 1851 B	88 B B B B B B B	FF8
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				04272007	No Chg-P	CR2E034 (11	/05)
.D	O NOT WRITE I	N THIS SPA	CE	4. FEI Numb 59-337		-	Applied For Not Applicable
A to the second	The second second		,	` 	of Status Desired		5 Additional aquired
	6. Name and Address of Current Regi	stered Agent	<u> </u>			'	11 / 15 3
STEWART, SHERRY F 3303 COUNTRY CLUB DR LYNN HAVEN, FL 32444					NOT W THIS SP	·	
0 The share	named entity submits this statement for the	of about to resistant		piatored agent or be	ath in the State of Ele	rida. Lam familia	with and accept
SIGNATURE	ions of registered agent. Signature, typed or printed name of registered agent and to E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	ncing	required when reinstating) \$5.00 May Be Added to Fees	Voodo)751634	,
		-07000	T:		<u> DSZ18/D7</u>	<u>-90111-00</u>	3,300,00,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI D STEWART, SHERRY F 3303 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	ECTORS	***	Comment of the Commen	the second second		man de la
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12. Thereby certify that the information supplied with this filing does not qualify for the examptions 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: \(\square{\sqrt{2}} \)

NAME STREET ADDRESS CITY-ST-ZIP

NOTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007

(850)873-4095 Daytime Phone #