


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90064 013 \*\*\*158.75

**DOCUMENT # P98000059759**

1. Entity Name  
**AMERICAN TRANSPORT CENTER, INC.**



Principal Place of Business  
**364 E. LANDSTREET RD  
 ORLANDO, FL 32825 US**

Mailing Address  
**P O BOX 561107  
 ORLANDO, FL 32856**

**60012014**



2. Principal Place of Business  
**1706 Geigel av**

3. Mailing Address  
**PO Box 561107**

Suite, Apt. #, etc.

02012006 Chg-P CR2E034 (11/05)

City & State  
**Orlando FL**

City & State  
**Orlando FL**

Zip  
**32806**

Country  
**orange**

Zip  
**32806**

Country  
**orange**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BISPLINGHOFF, MARTHA L  
 1221 N PINE HILLS RD  
 ORLANDO, FL 32808**

7. Name and Address of New Registered Agent

Name  
**CHARLIE Wendell LANEY**

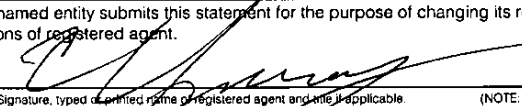
Street Address (P.O. Box Number is Not Acceptable)  
**1706 Geigel av**

City  
**Orlando**

FL

Zip Code  
**32806**

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  DATE **2 FEB 06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISPLINGHOFF, MARTHA L 1221 N. PINE HILLS RD ORLANDO, FL 32808	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLIE Wendell LANEY 1706 Geigel AVE Orlando, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2 FEB 06** 407-826-9000

Signature and typed or printed name of signing officer or director. Date Daytime Phone #