



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90281 032 \*\*\*150.00

<b>DOCUMENT # P98000081249</b> 1. Entity Name <b>SHOWTOWN TRANSPORT, INCORPORATED</b>					
Principal Place of Business <b>2403 STATE ST. TAMPA, FL 33609</b>				Mailing Address <b>2403 STATE ST. TAMPA, FL 33609</b>	
2. Principal Place of Business <b>7021 ESTELLE Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>7021 ESTELLE Ave.</b> Suite, Apt. #, etc.			
City & State <b>Gibsonton, Florida</b>		City & State <b>Gibsonton, Florida</b>		4. FEI Number <b>59-3531805</b>	
Zip <b>33534</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAWSON, MONICA Z</b> <b>2403 STATE ST.</b> <b>TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name <b>SONJA JOHNSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>7021 ESTELLE Ave.</b> <b>Gibsonton, FL 33534</b> City <b>FL</b> 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 <i>Sonja Johnson</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>4-22-05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, SONJA 7021 ESTELLE AVE. GIBSONTON, FL 33534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHNSON, THOMAS W 7021 ESTELLE AVE. GIBSONTON, FL 33534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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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: <i>Sonja Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-22-05</b> Daytime Phone # <b>813 671-1845</b>		