


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90176 013 ***150.00

| | | | | | |
|---|--|---------------------------------|--|---|--|
| DOCUMENT # P99000014314 1. Entity Name TRANSPORT SERVICE FUEL TAX & PERMITS, INC. | | | |  | |
| Principal Place of Business 918 FREMONT AVE WINTER PARK, FL 32789 | | | Mailing Address P.O. BOX 161387 ALTAMONTE SPRINGS, FL 32716-1387 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3556823 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BOUTWELL, REBECCA 116 OLIVE TREE CIRCLE ALTAMONTE SPRINGS, FL 32714 | | | Name REBECCA BOUTWELL | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 918 FREMONT AVE. | | |
| | | | City WINTER PARK FL Zip Code 32789 | | |
| 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 <u>REBECCA BOUTWELL</u> <u>Rebecca Boutwell</u> <u>4/30/05</u> <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 <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 | P BOUTWELL, REBECCA 116 OLIVE TREE CIRCLE ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u>Rebecca Boutwell</u> | | | <u>4/30/05</u> <u>407-774-7938</u> <small>Date Daytime Phone #</small> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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04302005 Chg-P CR2E034 (10/03)