2906 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

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' ANNUAL REPORT			Secretary of State	
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		
DO NOT W	RITE IN THIS SP	ACF	04142006 Na Chg-P CR2E034 (11/05)	
		AUL .	4. FEI Number Applied For S9-3556823 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address BOUTWELL, REBECCA 918 FREMONT AVE. WINTER PARK, FL 32789	a of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
the obligations of registered agent. SiGNATURE	registered agent and the A applicable. (NOTE, Registered agent and the A applicable.) 50.00 9. Election Campaign F	pierered Agent aignature requires	red agent, or both, in the State of Florida. I am familiar with, and accept d when rensaing) ONIE ON May Be led to Fees	
MANE BOUTWELL, REBECT STREET ADDRESS 116 OLIVE TREE CIR CITY-ST-ZEP ALTAMONTE SPRING	CLE		U00000560695 05/18/06-80049-025 150.00	
TITLE NAME STREET ADDRESS GTY-ST-ZP TITLE NAME		_	05/18/06-80049-025 150.00	
STRECT ADDRESS CITY-ST-ZIP TITLE NAME STRECT ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
NAME STREET ABORESS CITY-ST-ZP	-			
MILE MANNE STREET ADDRESS CITY-ST-ZP 12. I teachy certify that the information of	rupplied with this filting does not qualify for the	averantions contains	in Chapter 119. Florida Statutes. I further certify that the information	

The rectory certify that me mormation supplied with distinting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that it is information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legate felect as if made under oath; that I am an officer or discost of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

Company of the corporation of the receiver or trustee empowered.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

4/30/0006

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Client # 2759- 150.00