

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 011 ***150.00

DOCUMENT #	P99000021431
1. Entity Name	PEABODY TRANSPORT CO, INC.

DO NOT WRITE IN THIS SPACE

54071193

2. Principal Place of Business		3. Mailing Address	
1042 SW Haleyberry Ave.		Suite, Apt. #, etc.	
City & State Port St. Lucie, FL		City & State	
Zip 34953	Country St Lucie	Zip	Country

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

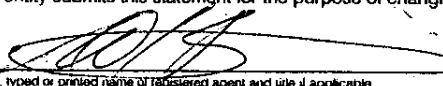
4. FEI Number	65-0935683	Applied For	Not Applicable
----------------------	------------	--------------------	----------------

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------	---------------------------------------

7. Name and Address of Current Registered Agent

Name	Winston F. Beason
Street Address (P.O. Box Number is Not Acceptable)	1042 Haleyberry Ave.
City	Port St. Lucie FL 34953

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.


SIGNATURE  **8-26-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------	--	---	--------------------------	------------------------------------

11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	PRESIDENT / DIRECTOR		
STREET ADDRESS	Winston F. Beason	STREET ADDRESS	
CITY-ST-ZIP	1042 Haleyberry Ave. Port St. Lucie, FL 34953	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON F. BEASON  **8/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment 54071193
P99000021431

AUGUST 28, 2004

PEABODY TRANSPORT CO, INC.
1042 HALEYBERRY AVE.
PORT ST. LUCIE, FL 34953
P99000021431
65-0935683

STATE OF FLORIDA
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE 2004 ANNUAL REPORT FOR
OUR COMPANY AND THE \$150.00 PAYMENT THAT IS DUE.

THE REASON THIS FORM WAS NOT FILED PRIOR TO
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID "IF WE NEVER
RECEIVED THE RENEWAL YOU WOULD ALLOW THE FORM TO BE
FILED AT THIS TIME WITHOUT A PENALTY". THANK YOU VERY
MUCH.

VERY TRULY YOURS,
PEABODY TRANSPORT CO, INC. .


WINSTON F. BEASON, PRESIDENT