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## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # P99000021812  1. Enlity Name C. H. GREEN FUEL TRANSPORT, INC.					04-08-2005 90025 042 ***150.00				
Principal Place 4708 WESTY PLANT CITY,	Mailing Address 4708 WESTWIND DRIVE PLANT CITY, FL 33567	ESTWIND DRIVE			,	e e			
2. Principal Placs of Business 3. Mailing Address									
2. Principal P	lace of Business	3. Mailing Address	telling Address			(1115 IRIU BAIN BAIN \$55			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03262005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State		4. FEI Numbe 59-3562		***************************************		plied For	
Zip*	Country	Zip Cou		try	5. Certificate of Status Desired   \$8.75 Additional			litional	
	6. Name and Address of Current Re	egistered Agent			7. Name and	Address of New R		ee Require gent	a
GREEN, JEAN C				Name					
4708 WESTWIND DRIVE PLANT CITY, FL 33567				Street Address (P.O. Box Number is Not Acceptable)					
				<u>:</u>			1		
			City	FL 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 Signature, typect or printed name of registered agest and ide it apolicable. (NOTE: Registered Agest signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 Trust Fund Contribution.   Added to									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/0	CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, CHARLES H JR 4708 WESTWIND DRIVE PLANT CITY, FL 33567	☐ Defete						☐ Change	Addition
LULLE	SD	☐ Delete	fift		*******	***************************************	••••••	Change	Addition
NAME STREET ADDRESS	GREEN, JEAN C			et address					
CITY-ST-ZNP				-ST-ZIP				·	
NAME STREET ADDRESS CITY-ST-ZIP	GREEN, CHARLES H. 4708 WESTWIND DRIVE PLANT CITY, FL. 33567	Delete		1	٠			Charge.	Addition
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAM STRE	et address					Ì
CITY-ST-ZIP		•	CITY	-SY-ZIP			-		
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STREET ADDRESS CITY-ST-ZIP			STRE	ET ADORESS -SY-77P					
TITLE	***************************************	☐ Delete	กเร		***************************************	************		Change	Addition
NAME STREET ADDRESS		•	NAMI	E Et address					ļ
CITY-ST-ZIP				-ST-ZIP					
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									

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(2)(1), 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 cath; 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: Charles 21. Year Son OFFICE OF PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED PRODO 4