2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 20, 2006 08:00 AN DOCUMENT # P99000048549 **Secretary of State** JPC TRANSPORT INC. Principal Place of Business Mailing Address 384 INDIANA AVE. 384 INDIANA AVE. FT. PIERCE, FL 34982 FT. PIERCE, FL 34982 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0923667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent **CUMMINGS, JANET E** DO NOT WRITE 384 INDIANA AVE. FT. PIERCE, FL 34982 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE **CUMMINGS, JAMES P** NAME STREET ADDRESS 384 INDIANA AVE CITY-ST-ZIP FORT PIERCE, FL 34982 TITLE CUMMINGS, JANET E NAME STREET ADDRESS 384 INDIANA AVE U00000392959 01/25/06-80002-005 150.00 CITY-ST-ZIP FORT PIERCE, FL 34982 TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 repeiver 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:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #