

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90998 006 \*\*\*158.75

DOCUMENT # P99000070802

1. Entity Name

SOFTAIL TRANSPORT, INC.



Principal Place of Business

820 NORTHWEST 217 TERRACE  
PEMBROKE PINES FL 33029-1017

Mailing Address

PO BOX 283117  
PEMBROKE PINES FL 33029-1017

Softail Transport, Inc.

2. Principal Place of Business

1707 SW Import Dr  
Port St. Lucie, FL 34953

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0939464

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOKES, THOMAS A

820 NW 217 TR

PEMBROKE PINES FL 33029

1707 SW IMPORT DR.

PORT ST. LUCIE FL 34953

Name

Street Address (P.O. Box Number is Not Acceptable)

Softail Transport, Inc.

1707 SW Import Dr.  
Port St. Lucie, FL 34953

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

*Thomas Stokes*

THOMAS STOKES

4/23/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME STOKES, THOMAS A  
STREET ADDRESS 820 NORTHWEST 217 TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33029-1017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME STOKES, SHARON A  
STREET ADDRESS 820 NORTHWEST 217 TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33029-1017

TITLE  
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CITY-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 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:

*Thomas Stokes*

THOMAS STOKES

4/23/04

772-336-9943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #