
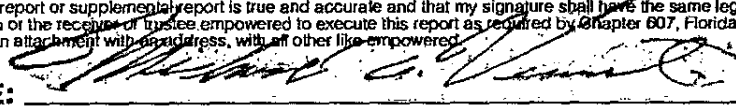


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 06, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000095959</b>		
1. Entity Name <b>N.E.A.T. AUTO TRANSPORT INC.</b>		
Principal Place of Business <b>131 BUCKEYE AVE PORT CHARLOTTE, FL 33952</b>	Mailing Address <b>131 BUCKEYE AVE N.W. PORT CHARLOTTE, FL 33952</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>VENCTI, MICHAEL A 131 BUCKEYE AVE PORT CHARLOTTE, FL 33952</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VENUTI, MICHAEL A 6114 TURNBURY PARK DRIVE #12302 SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: 		Date: <b>4/29/05</b> 417 328 4345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1005647** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

U000000364536  
05/06/05-80047-017 150.00

**DO NOT WRITE  
IN THIS SPACE**