

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM
Secretary of State

PAID

3/15 CR 1/19
San Jose NY DTH

DOCUMENT # P99000095959
 1. Entity Name
N.E.A.T. AUTO TRANSPORT INC.



Principal Place of Business
131 BUCKEYE AVE
PORT CHARLOTTE, FL 33952

Mailing Address
131 BUCKEYE AVE
N.W.
PORT CHARLOTTE, FL 33952



04302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005647	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENUTI, MICHAEL A
131 BUCKEYE AVE
PORT CHARLOTTE, FL 33952

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VENUTI, MICHAEL A
STREET ADDRESS	6114 TURNBURY PARK DRIVE #12302
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/17/06-80101-004 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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 employees.

SIGNATURE: *[Signature]* **MICHAEL A. VENUTI**
 _____ **PRESIDENT** *5/5/06* *800221764*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #