

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000096062</b> 1. Entity Name <b>TROPICAL AUTO TRANSPORT, INC.</b>			
Principal Place of Business <b>5912 NEW KINGS ROAD JACKSONVILLE, FL 32209-2134</b>		Mailing Address <b>5912 NEW KINGS ROAD JACKSONVILLE, FL 32209-2134</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-3612734</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NOLAN, JAMES A III ESQ 1 INDEPENDENT DR., STE. 2000 JACKSONVILLE, FL 32202</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000123097 04/21/04-80057-001 163.75</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHAFFER, HAROLD 5912 NEW KINGS RD JACKSONVILLE, FL 32209		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SCHICKEL, J J 5912 NEW KINGS RD JACKSONVILLE, FL 32209		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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: 		Oscar Hernandez 04/15/04 305-229-6071	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	