

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096062

FILED
Apr 27, 2005
Secretary of State

Entity Name: TROPICAL AUTO TRANSPORT, INC.

Current Principal Place of Business:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 322092134

New Principal Place of Business:

Current Mailing Address:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 322092134

New Mailing Address:

FEI Number: 59-3612734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, JAMES A III ESQ
1 INDEPENDENT DR., STE. 2000
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

NOLAN, JAMES A III ESQ
ST. JOHNS PROFESSIONAL CENTER
4114 HERSCHEL ST., SUITE 105
JACKSONVILLE, FL 32210 US

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.

SIGNATURE:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAFER, HAROLD
Address: 5912 NEW KINGS RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: CFO () Delete
Name: SCHICKEL, J J
Address: 5912 NEW KINGS RD
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD A. SHAFER

DP

04/27/2005

Electronic Signature of Signing Officer or Director

Date