

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096062

FILED  
Apr 30, 2009  
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  
ST. JOHNS PROFESSIONAL CENTER  
4114 HERSCHEL ST., SUITE 105  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

NOLAN, JAMES A P.A.  
4114 HERSCHEL STREET  
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: JAMES A. NOLAN, P.A.

04/30/2009

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHAFER, HAROLD A  
Address: 5912 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VSD (X) Change ( ) Addition  
Name: SHAFER, VICKI  
Address: 5912 NEW KINGS RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: V ( ) Change (X) Addition  
Name: MAULDIN, WILLIAM P  
Address: 5912 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: V ( ) Change (X) Addition  
Name: MCGARITY, CHARLES L  
Address: 5912 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: V ( ) Change (X) Addition  
Name: MCKINNEY, JACK  
Address: 5912 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VICKI SHAFER

VSD

04/30/2009

Electronic Signature of Signing Officer or Director

Date