

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2010
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:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 32209

Current Mailing Address:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 322092134

New Mailing Address:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 32209

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 P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VSD
Name: SHAFER, VICKI
Address: 5912 NEW KINGS RD
City-St-Zip: JACKSONVILLE, FL 32209

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

Title: V
Name: MCKINNEY, JACK
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: VICKI SHAFER

VSD

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date