

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096062

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: TROPICAL AUTO TRANSPORT, INC.

**Current Principal Place of Business:**

5912 NEW KINGS ROAD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

5912 NEW KINGS ROAD  
JACKSONVILLE, FL 32209 US

**Current Mailing Address:**

5912 NEW KINGS ROAD  
JACKSONVILLE, FL 32209

**New Mailing Address:**

5912 NEW KINGS ROAD  
JACKSONVILLE, FL 32209 US

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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SHAFER, VICKI  
Address: 5912 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209 US

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

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

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

PSD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date