## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77654

1649 MONUMENT OAKS DR.

JACKSONVILLE, FL 32225

Address:

City-St-Zip:

Entity Name: SOUTH PORT TRANSPORTATION, INC.

FILED Jan 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5858 BROADWAY AVENUE 3333 NORTH CANAL ST SUITE #3-4 SUITE#2 JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32209 US **Current Mailing Address: New Mailing Address:** P.O.BOX 6459 JACKSONVILLE, FL 322366459 FEI Number: 59-3083864 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INGLE, TIM 1649 MONUMENT OAKS DR. JACKSONVILLE, FL 32225 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BROOKER, JACK C Name: Name: 2077 HWY 16.W Address: Address: City-St-Zip: GREEN COVE SPRING, FL 32043 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: INGLE, TIM K 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 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: JACK C. BROOKER P 01/11/2006