

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S87524
 1. Entity Name
 CARRIER TRANSPORT SERVICE, INC.



Principal Place of Business Mailing Address
 7039 HOPE HILL ROAD 7039 HOPE HILL ROAD
 BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3088480 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JONES, STEPHEN M.
 7039 HOPE HILL ROAD
 BROOKSVILLE, FL 34601

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, STEPHEN M.
STREET ADDRESS	7039 HOPE HILL ROAD
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	VST
NAME	JONES, DORIS R.
STREET ADDRESS	7039 HOPE HILL ROAD
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	D
NAME	JONES, DORIS R.
STREET ADDRESS	7039 HOPE HILL ROAD
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen M. Jones Date: 3-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #