2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2006 08:00 AM Secretary of State

DOCUMENT	# V	10399
----------	-----	-------

1. Entity Name

SURFACE TRANSPORTATION CONSULTANTS, INC.



Principal Place of Business

2605 THOMAS DRIVE PANAMA CITY, FL 32408 Mailing Address
2605 THOMAS DRIVE

PANAMA CITY, FL 32408



DO NOT WRITE IN THIS SPACE

03072006	No Chg-P	CR2E034 (11/05)
02015000	ito ong i	D. 12200 . [1 11 00

4. FEI Number 59-3097642 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNOR, JACQUELINE R. 2605 THOMAS DRIVE PANAMA CITY, FL 32408

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar	with, and accept
Signature, typed or proted name of repistered agent and title	i Kappitoshig (NOTE, Registered	Agent algneture	required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRE	CTORS				
TITLE D MAME CONNOR, DONALD P. STRILT ADDRESS 2605 THOMAS DRIVE CKTY-ST-ZIP PANAMA CITY, FL				U00800467389 03/23/06-80050-00	:- 13 (50.00
TIBLE D NAME CONNOR, JACQUELINE R. STRICET ADDRESS CHY-ST-ZIP PANAMA CITY, FL	. –		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE D HAME CONNOR, KEITH D. SIRLE) ADDRESS 674 BESTWICK CT CITY-SI-ZIP CINCINNATI, OH 45244	′. <u>-</u>		DO	NOT WRITE	
TITLE D NAME CONNOR, KEVIN K. STREET ADDRESS 2108 WALSH DRIVE OITY-ST-ZIP WESTMINSTER, MD			IN T	THIS SPACE	••
TITLE NAME STREET ADDRESS ENTY-ST-ZIP			-	•	
TITLE MAME STREET ADDRESS CITY-SI-ZIP				•	
12. I hereby certify that the information supplied with this	filing does not qualify for the exe	mptions co	ntained in Chapter 119	Florida Statutes, I further certify that	the information

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, if 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, and attachment with all address with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X3/12/2006

0337